

APPLICATION FOR MEMBERSHIP

To the Trustees,

BUCKLAND FAMILY SUPERANNUATION FUND
10 NORTH STREET
WARWICK QLD 4370

I, GRAHAM ROSS BUCKLAND apply for admission to membership of the Fund and undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying lump sum death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	% of Lump Sum Death Benefit
SUZANNE DOROTHY BUCKLAND	10 NORTH ST, WARWICK	SPOUSE	100%

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Superannuation Industry (Supervision) Act 1993*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

My Tax File Number is: 482 - 562 - 995

Dated: 24/1/2008

Signature: 
GRAHAM ROSS BUCKLAND

APPLICATION FOR MEMBERSHIP

To the Trustees,

BUCKLAND FAMILY SUPERANNUATION FUND
10 NORTH STREET
WARWICK QLD 4370

I, CAMERON HEATH BUCKLAND apply for admission to membership of the Fund and undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying lump sum death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	% of Lump Sum Death Benefit
FHEURN JULIA BUCKLAND	62 WILLI ST WARWICK	SPOUSE	100%

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Superannuation Industry (Supervision) Act 1993*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

My Tax File Number is: 412-656-60

Dated: 24 10 11 2008

Signature:


CAMERON HEATH BUCKLAND

APPLICATION FOR MEMBERSHIP

To the Trustees,

BUCKLAND FAMILY SUPERANNUATION FUND
10 NORTH STREET
WARWICK QLD 4370

I, FLEUR JULIA BUCKLAND apply for admission to membership of the Fund and undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying lump sum death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	% of Lump Sum Death Benefit
CAMERON HEATH BUCKLAND	62 WILLI ST WARWICK	SPOUSE	100%

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Superannuation Industry (Supervision) Act 1993*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

My Tax File Number is: 373 - 498 - 123

Dated: 24/10/2008

Signature:



FLEUR JULIA BUCKLAND

APPLICATION FOR MEMBERSHIP

To the Trustees,

BUCKLAND FAMILY SUPERANNUATION FUND
10 NORTH STREET
WARWICK QLD 4370

I, SUZANNE DOROTHY BUCKLAND apply for admission to membership of the Fund and undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund as it is presently constituted or as it may be varied from time to time.
- (ii) I understand the terms and conditions of the Trust Deed including benefits payable to Members and understand my rights and the rights of my dependants pursuant to the Trust Deed.

My personal details and those of my employer/s are attached to this application. I acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying lump sum death benefit in the following proportions:-

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	% of Lump Sum Death Benefit
GRAHAM ROSS BUCKLAND	10 NORTH ST WARWICK	SPOUSE	100%

I understand that the Trustee is required to request that I provide my Tax File Number for the purposes of Section 299F of the *Superannuation Industry (Supervision) Act 1993*. I further understand that I am under no obligation to supply this number, but that should I fail to do so, tax may be deducted from my account at the top marginal rate.

My Tax File Number is: 125 - 210 - 199

Dated: 24/01/2008

Signature: 
SUZANNE DOROTHY BUCKLAND