

Application For Membership
Of
Cooper Family Superannuation Fund

I, Andrea Eunice Cooper

of, 151 Victoria Street, MORNINGSIDE QLD 4170

Date of Birth 4 December 1990

Apply for membership in the above mentioned Fund upon the terms and conditions in the Trust Deed governing the Fund.

I advise as follows:

- I agree that I will be bound by the Deed governing the Fund;
- I understand the terms and conditions of the Deed; and
- I appoint the Trustees as my attorneys to do everything permitted by the Deed.

Binding Beneficiary Direction

I direct the Trustees that the following person(s) are to receive the benefit payable in the event of my death.

<u>PERSON</u>	<u>RELATIONSHIP TO MEMBER</u>	<u>PROPORTION OF DEATH BENEFIT</u>
Legal Personal Representative for distribution according to my will	Legal Personal Representative	100%

SIGN

Andrea Eunice Cooper

22/08/2012
Date

Witness

Witness

Application For Membership
Of
Cooper Family Superannuation Fund

I, David John Cooper

of, 151 Victoria Street, MORNINGSIDE QLD 4170

Date of Birth 14 June 1952

Apply for membership in the above mentioned Fund upon the terms and conditions in the Trust Deed governing the Fund.

I advise as follows:

- I agree that I will be bound by the Deed governing the Fund;
- I understand the terms and conditions of the Deed; and
- I appoint the Trustees as my attorneys to do everything permitted by the Deed.

Binding Beneficiary Direction

I direct the Trustees that the following person(s) are to receive the benefit payable in the event of my death.

<u>PERSON</u>	<u>RELATIONSHIP TO MEMBER</u>	<u>PROPORTION OF DEATH BENEFIT</u>
Eunice Beris Cooper	Wife	100 %

SIGN

David John Cooper

22-8-2012
Date

Witness

Witness