

Application for Membership

Killen Superannuation Fund

I, Robyn Dorothy Killen of 13A Gloucester Street, Nelson Bay, 2315 am a trustee of the Killen Superannuation Fund.

I hereby apply for membership of Killen Superannuation Fund and consent to becoming a Member of the fund. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the appropriate information provided to me.

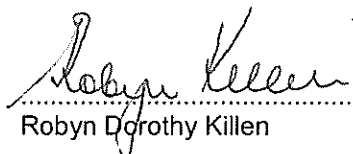
I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth: 22../11....../..1946

Tax File Number: 257 357 857

Executed by:


Robyn Dorothy Killen

..18../..9....../..2003
Date

Application for Membership

Killen Superannuation Fund

I, Harvey Bruce Killen, of 13A Gloucester Street, Nelson Bay, 2315 am a trustee of the Killen Superannuation Fund.

I hereby apply for membership of Killen Superannuation Fund and consent to becoming a Member of the fund. I confirm that I am not aware of any impediments to this application and acknowledge that I have read the appropriate information provided to me.

I agree that upon acceptance of my membership to:

1. be bound by the terms of the Deed and the Rules of the Fund;
2. be bound by all decisions of the Trustee that were made in accordance with the Rules of the Fund, the superannuation laws and the trustee laws;
3. provide information to the Trustee where required, e.g. medical conditions;
4. provide my Tax File Number to the Trustee provided the Trustee abides by the laws relating to the collection and dissemination of my Tax File Number;
5. consent to the Trustee to hold that information despite anything to the contrary in the privacy legislation;
6. provide the Trustee, within a reasonable period of time a detailed death benefit plan that may include a Binding Death Benefit Nomination;
7. ensure that any Superannuation contributions, transfers or rollovers are made in accordance with the superannuation laws at that time;
8. notify the Trustee where I have become disabled, retired, attained preservation age or met some other condition of release; and
9. notify the Trustee where I have become separated from my Spouse that is deemed irreconcilable, if I have one.

Date of Birth: ...22../10../...1937.....

Tax File Number: 261 131 386

Executed by:


.....
Harvey Bruce Killen

..18../9../..2003
Date