

Application For Membership
Of
The De Marco Superannuation Fund

I, Nickolas ~~De Marco~~ De Marco 
of, 19 Gerry Street, STAFFORD HEIGHTS QLD 4053

Date of Birth 29 October 1961

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.

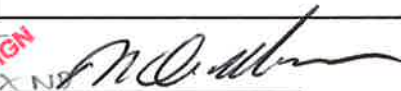
Beneficiary Direction

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

Please Complete {

<u>PERSON</u>	<u>RELATIONSHIP TO MEMBER</u>	<u>PROPORTION OF DEATH BENEFIT</u>
Olga DeMarco	Wife	100%

SIGN


Applicant's Signature

121/06/06
Date

SIGN


Witness

The De Marco Superannuation Fund

Important information about providing your tax file number to the fund

Before you tell us your Tax File Number (TFN) you need to know the following information. The fund is obliged to request your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN is confidential and it is not an offence not to provide it.

If you quote your TFN it will be used for legal purposes only. The purposes may change in the future and currently include using your TFN to:

- search for other benefits that may exist for you in the fund;
- calculate reduced tax rates on eligible termination payments (ETPS) when benefits are paid;
- report payments to ATO for reasonable benefit limits (RBL) purposes;
- report contributions to ATO for contributions tax (surcharge) purposes which may not otherwise be subject to the surcharge;
- pass to other regulated superannuation funds, ADFs and RSAs should your benefits be rolled over. You may revoke this authority later in writing;
- pass on with other details should you become lost and your benefits are paid to the ATO as unclaimed money.

Your failure to quote a TFN, may result in the following:

- * Other benefits existing for you in the fund may be more difficult to locate and amalgamate;
- * Higher tax rates apply to ETPs paid to you. (This may be recovered with lodgement of your next tax return);
- * Your benefits may be subject to an extra 15% contribution tax (surcharge). This may be reclaimed on application to the ATO;
- * Your TFN will not be passed to other regulated superannuation funds, ADFs and RSAs should your benefits be rolled over;
- * Your benefits may be more difficult to locate should benefits be paid to the ATO as unclaimed money.

QUOTATION OF MEMBER'S TAX FILE NUMBER TO REGULATED SUPERANNUATION FUND

To Trustee of The De Marco Superannuation Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is: X _____

My name is: X ND MI

My signature: SIGN X 

Date: X 21/06/06

Application For Membership
Of
The De Marco Superannuation Fund

I, Olga De Marco

of, 19 Gerry Street, STAFFORD HEIGHTS QLD 4053

Date of Birth 16 July 1963

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.

Beneficiary Direction

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

Please Complete

<u>PERSON</u>	<u>RELATIONSHIP TO MEMBER</u>	<u>PROPORTION OF DEATH BENEFIT</u>
Nickolas De Marco	Husband	100%

SIGN

Olga De Marco
Applicant's Signature

21/06/06
Date

SIGN

Lincoln
Witness

The De Marco Superannuation Fund

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QUOTATION OF MEMBER'S TAX FILE NUMBER TO REGULATED SUPERANNUATION FUND

To Trustee of The De Marco Superannuation Fund.

I have been informed of the reasons why my TFN is sought by the fund.

My TFN is:


X _____

My name is:

X_{OD} Olga De Marco

My signature:

SIGN

X 

Date:

X 21/06/06