

Application for Membership

To the Trustees of the:

The Barry & Joan Superannuation Fund

I

Title Mrs First Names Joan Dorothy Surname Ferguson

hereby apply to the Trustee of the above named superannuation fund ("the Fund") to become a Member of the Fund.

Male Female Date of Birth 30 / 11 / 47

Address for Correspondence

C/ Mal Sciacca & Associates, GPO Box 4640
DARWIN NT Postcode 0800

Home Address (If different from above)

14 Killian Crescent
JINGILI NT Postcode 0810

Telephone

Home (08) 898 15122 Work ()

Occupation

Bookkeeper Annual Salary \$

Do you wish to roll-over a superannuation benefit to this Fund? Yes No

Would you like Supa-Funds Management to assist with your roll-over? Yes No

Have you received any benefit payment from a Superannuation Fund, Approved Deposit Fund or Deferred Annuity on or after 16 February 1990? Yes No

Are you presently a member of any other Superannuation Fund? Yes No

Is an employer currently making contributions on your behalf to another Superannuation Fund? Yes No

I understand that under the terms of the Trust Deed, my benefit in the event of my death shall be paid to any one or more of my dependants or, if in the opinion of the Trustee there are no such Dependants, then my personal legal representative. I would like the Trustee to know that if it were my decision, I would prefer to distribute my benefit to the following persons in the proportions indicated.

Person's full name	Address	Relationship	%
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Barry Ronald Ferguson	10 LESLIE CRT HOWARD SPRINGS	HUSBAND	100

Recording of Highest Average Salary

To assist Supa-Funds Management Pty Ltd in advising you your Transitional Reasonable Benefit Limit, please list your highest any three consecutive years' gross taxable earnings.

Earnings (Before Tax) \$ p.a.	Year Ended June
_____	_____
_____	_____
_____	_____

Earnings include salary, wages, commissions, bonuses, fees (including Directors' fees), allowances or gratuities (excluding 'Golden Handshakes'), and a person's share in net business income from a business carried on either alone or in partnership.

Declaration

- I accept the Trustee of the Fund as Trustee appointed to protect my interests in the Fund in terms of the Trust Deed governing the Fund;
- I agree to be bound by the Trust Deed (as amended from time to time) governing the Fund;
- I accept there are no guarantees to the amount of benefit to which I shall be entitled;
- I understand that the Principal may deduct from my salary such amounts as are required to provide my contributions (if any) to the Fund and will pay such amounts to the Trustee of the Fund;
- I accept that any insurance on my life effected pursuant to this request will commence only after acceptance of the risk by the underwriter of such insurance;
- I hereby declare that the statements and answers recorded herein are to the best of my knowledge, complete and true.

Member's Signature: *JD Ferguson* Date:

Employer/ Principal Section

Employer/Principal Name: Auto-Care Panel Works Pty Ltd

Date Member joined your employ: Date Member to join Fund:

Member to join Vesting Category: (see Appendix "1" of Trust Deed for vesting details)

Note: Where the Employer/Principal does not give an instruction to the Trustee with respect to the category of membership, the Trustee shall be entitled to assume that the relevant contributions qualify for Full Vesting. If the Employer/Principal wishes to have more than one category apply to the member then please attach full particulars.

Employer Signature: *JD Ferguson* Date:

Application for Membership

To the Trustees of the:

The Barry & Joan Superannuation Fund

I

Title Mr First Names Barry Ronald Surname Ferguson

hereby apply to the Trustee of the above named superannuation fund ("the Fund") to become a Member of the Fund.

Male Female Date of Birth 9 / 4 / 46

Address for Correspondence

C/ Mal Sciacca, GPO Box 4640

DARWIN NT Postcode 0800

Home Address (If different from above)

14 Killian Crescent

Jingili NT Postcode 0810

Telephone

Home (08) 898 15122 Work ()

Occupation

Panel Beater Annual Salary \$

Do you wish to roll-over a superannuation benefit to this Fund? Yes No

Would you like Supa-Funds Management to assist with your roll-over? Yes No

Have you received any benefit payment from a Superannuation Fund, Approved Deposit Fund or Deferred Annuity on or after 16 February 1990? Yes No

Are you presently a member of any other Superannuation Fund? Yes No

Is an employer currently making contributions on your behalf to another Superannuation Fund? Yes No

I understand that under the terms of the Trust Deed, my benefit in the event of my death shall be paid to any one or more of my dependants or, if in the opinion of the Trustee there are no such Dependants, then my personal legal representative. I would like the Trustee to know that if it were my decision, I would prefer to distribute my benefit to the following persons in the proportions indicated.

Person's full name	Address	Relationship	%
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Barry Ronald Ferguson	14 Killian Crescent	Wife	100

10 WOOD SPINDS

Recording of Highest Average Salary

To assist Supa-Funds Management Pty Ltd in advising you your Transitional Reasonable Benefit Limit, please list your highest any three consecutive years' gross taxable earnings.

Earnings (Before Tax) \$ p.a.	Year Ended June
_____	_____
_____	_____
_____	_____

Earnings include salary, wages, commissions, bonuses, fees (including Directors' fees), allowances or gratuities (excluding 'Golden Handshakes'), and a person's share in net business income from a business carried on either alone or in partnership.

Declaration

- I accept the Trustee of the Fund as Trustee appointed to protect my interests in the Fund in terms of the Trust Deed governing the Fund;
- I agree to be bound by the Trust Deed (as amended from time to time) governing the Fund;
- I accept there are no guarantees to the amount of benefit to which I shall be entitled;
- I understand that the Principal may deduct from my salary such amounts as are required to provide my contributions (if any) to the Fund and will pay such amounts to the Trustee of the Fund;
- I accept that any insurance on my life effected pursuant to this request will commence only after acceptance of the risk by the underwriter of such insurance;
- I hereby declare that the statements and answers recorded herein are to the best of my knowledge, complete and true.

Member's Signature: *SR Ferguson* Date:

Employer/ Principal Section

Employer/Principal Name: Auto-Care Panel Works Pty Ltd

Date Member joined your employ: Date Member to join Fund:

Member to join Vesting Category: (see Appendix "1" of Trust Deed for vesting details)

Note: Where the Employer/Principal does not give an instruction to the Trustee with respect to the category of membership, the Trustee shall be entitled to assume that the relevant contributions qualify for Full Vesting. If the Employer/Principal wishes to have more than one category apply to the member then please attach full particulars.

Employer Signature: *SR Ferguson* Date:

**APPLICATION FOR MEMBERSHIP
CONFIDENTIAL**

To: THE TRUSTEE, THE BARRY & JOAN SUPERANNUATION FUND

I, Craig Anthony Ferguson, apply for membership of the Fund.

- a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- b) I will notify the Trustee if I am not, or if at any time I cease to be, Gainfully Employed as defined in the Trust Deed.
- c) I consent to the Trustee acting as Trustee of the Fund.
- d) I declare that the information in this Application is accurate in every aspect.

APPLICATION DETAILS

Name: Craig Anthony Ferguson
Address: 23 Eaton Place, Karama NT 0812
Occupation: Panel Beater
Date of Birth: 26 May 1971
Tax File Number: 151 788 470

NOTE: Your Tax File Number ("TFN") is confidential. Before you provide it, you must be told:

- 1. Your TFN can be collected under the Superannuation Industry (Supervision) Act 1993.
- 2. If you provide your TFN, it will only be used for legal purposes, which currently include:
 - Finding of identifying your superannuation benefits;
 - Calculating tax on eligible termination payments; and
 - Providing information to the Commissioner of Taxation.

These purposes may change in the future as a result of legislative change.

- 3. It is not an offence not to provide your TFN. If you do not:
 - You may pay unnecessary tax on your benefits, which you will need to reclaim later through the income tax assessment process; and
 - It may be more difficult to find unclaimed benefits that you have, or to locate and amalgamate other benefits you have.

The consequences of not providing your TFN may change in the future as a result of legislative change.

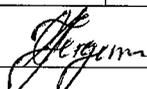
- 4. If you provide your TFN, the trustee may provide it to:
 - The trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
 - The Commissioner of Taxation,
But otherwise it will be treated as confidential.

NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT

Dated: 18-5-08

Signature 

SCHEDULE B

APPLICATION FOR MEMBERSHIP
CONFIDENTIAL

TO: THE TRUSTEE, THE BARRY & JOAN SUPERANNUATION FUND

I, Sierra Melita Ferguson, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
(b) I will notify the Trustee if I am, or if at any time I cease to be, Gainfully Employed as defined in the Trust Deed.
(c) I consent to the Trustee acting as Trustee of the Fund.
(d) I declare that the information in this Application is accurate in every respect.

APPLICATION DETAILS

Name: SIERRA MELITA FERGUSON

Address: 21 Packsaddle Rd, Marlow Lagoon, NT 0820

Occupation:

Date of Birth: 18/01/1983

Membership Class: A

Tax File Number: 361 363 617

NOTE: Your Tax File Number (TFN) is confidential. Before you provide it, you must be told:

- 6. Your TFN can be collected under the Superannuation Industry (Supervision) Act 1993.
7. If you provide your TFN, it will only be used for legal purposes, which currently include:
- finding or identifying your superannuation benefits;
- calculating tax on benefit payments and contributions; and
- providing information to the Commissioner of Taxation.
These purposes may change in the future as a result of legislative change.
8. It is not an offence not to provide your TFN. If you do not:
- you may pay unnecessary tax on your benefits and contributions, which you will need to reclaim later through the income tax assessment process; and
- it may be more difficult to find unclaimed benefits that you have, or to locate and amalgamate other benefits you have.

The consequences of not providing your TFN may change in the future as a result of legislative change.

- 9. If you provide your TFN, the trustee may provide it to:
- the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
- the Commissioner of Taxation,
but otherwise it will be treated as confidential.

NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants:

Table with 4 columns: SURNAME(S), GIVEN NAME(S), RELATIONSHIP, % OF BENEFIT

DATED 31 May

2016

Signature [Handwritten Signature]

