

THE TRUSTEE
THE CINDERLAKE SUPERANNUATION FUND
26 ROSS STREET
NEWSTEAD QLD 4006

Re: Application For Membership

I, the undersigned person, being eligible, hereby apply for admission to membership of the Superannuation Fund.

I undertake as follows:

- (i) I will be bound by the Trust Deed governing the Fund it is presently constituted or as it may be by variation 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 are as follow;

Full Name: RODNEY BRUCE LEVIEN
Address: 36 WHYTECLIFFE STREET
ALBION QLD 4010
D.O.B.: 12/09/67
Salary: \$ 45000.00
Employer: CINDERLAKE PTY. LTD.
A.C.N. 010 579 343
Address: 26 ROSS STEET
NEWSTEAD QLD 4006
Date Employment Commenced: 11 / 87

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefit
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NATALIE LEVIEN	36 Whytecliffe St. Albion	WIFE	100%
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Dated this JUNE 21, 1996

Yours faithfully,

RODNEY BRUCE LEVIEN

SIGN

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My personal details are as follow;

Full Name: YVONNE ESTELLE LEVIEN
Address: 44 BOYD STREET
BOWEN HILLS QLD 4006
D.O.B.: 03/08/44
Salary: \$
Employer: CINDERLAKE PTY. LTD.
A.C.N. 010 579 343
Address: 26 ROSS STEET
NEWSTEAD QLD 4006
Date Employment Commenced: / /

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Lump Sum Death Benefit
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X D. Weiss	21 CINDERLAKE BOULEVARD	DAUGHTER	50%
R. LEVIEN	36 WINDYBUSH ST ALBION	SON	50%

Dated this JUNE 21, 1996

Yours faithfully,

X 
YVONNE ESTELLE LEVIEN

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My personal details are as follow;

Full Name: DEBRA ESTELLE WEISS
Address: 21 CINTRA ROAD
BOWEN HILLS QLD 4006
D.O.B.: 06/04/65
Salary: \$
Employer: CINDERLAKE PTY. LTD.
A.C.N. 010 579 343
Address: 26 ROSS STEET
NEWSTEAD QLD 4006
Date Employment Commenced: / /

I hereby acknowledge that the discretion vested in you by Rule 12.2 of the Fund is an absolute free and unfettered discretion but I express the wish that in the exercise of such discretion you give consideration to paying any death benefit in the following proportions:

Name of Designated Beneficiary	Address of Designated Beneficiary	Relationship to Member	Proportion of Benefit
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X

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Dated this JUNE 21, 1996

Yours faithfully,

X

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DEBRA ESTELLE WEISS