

LINDFIELD SUPERANNUATION FUND

Trustee: Trust Company Superannuation Services Limited

ABN: 49 006 421 638

AFSL: 235153

RSE: L0000635

FRN: R1001204

Preparation date: 1st July 2007

Please print all information in block letters.

Form No: 671 - 1

INDIVIDUAL APPLICATION FORM

Membership of Lindfield Superannuation.

Before signing this Individual Application Form, please ensure that you have read the Product Disclosure Statement for the Lindfield Superannuation Fund dated 1 July 2007.

1. Member Details:

Print in block letters

Mr Mrs Ms Miss

Surname

First Name

Middle Name

Postal Address (number and street name)

Suburb

State

Postcode

E-mail Address

Telephone Number (daytime)

Mobile Number:

Date of Birth

Telephone (other):

2. Employer Details:

Print in block letters

Will your employer be contributing to this Fund on your behalf? Yes

No

If "YES" please provide your employer's name and employer reference number (if known).

Employer number:

Work Start Date

3. Nomination of beneficiaries

Although I understand the final decision will rest with the Trustee and is subject to legislative requirements, I wish that any benefit payable out of the Fund in the event of my death, is paid to the beneficiaries in the following proportions:

Full Name of Nominated Beneficiary

Relationship to Member

Portion of Benefit

Full Name of Nominated Beneficiary

Relationship to Member

Portion of Benefit

Full Name of Nominated Beneficiary

Relationship to Member

Portion of Benefit

TOTAL = 100%

4. Insurance Cover

Do you require insurance cover?

Yes

No

If YES complete an Insurance Application form (see Form No: 671 - 4), which is available by contacting the Fund Administrator. Phone: 02 9380 4966

5. Ongoing contribution preference

Ongoing contributions can be made by:

Cheque:

Direct Deposit:

Please make payable to: **Australian Executor Trustees (NSW) Limited ACF Lindfield Superannuation**
and mail to:

Lindfield Superannuation Fund
C/- Grosvenor Pirie Management Limited
GPO Box 263
SYDNEY NSW 2001

Deposit into the Fund's bank account:

Australian Executor Trustees (NSW) Limited
ACF Lindfield Superannuation Fund
National Australia Bank
BSB: 082 - 067 A/C: 86 - 483 - 5603

6. Rollovers from other institutions

Institution:

Amount:

\$

Please complete a Request to Transfer Superannuation Benefits Form for each rollover (see Form No: 671 - 3).

7. Investment details

Any rollovers or contributions received by the Fund on your behalf will automatically be invested in the Lindfield Growth Investment Fund.

8. Tax File Number notification: TFN

The Trustee is authorised to collect Tax File Number by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. The lawful purpose for which a Member's TFN can be used and the consequences for not quoting their TFN may change in the future, as a result of legislative changes.

You are not obliged to provide your TFN but should you elect to do so you should refer to page 50 of the PDS which sets out details of how the Trustee is authorised to use your TFN.

My TFN is:

I agree for the Fund to use my Tax File Number for Superannuation purposes.

X

Signature of Member

X

Date

9. Declaration

I have read the Product Disclosure Statement ("PDS") dated 1st July 2007 and undertake to observe and be bound by the provisions of the Trust Deed dated 2nd December 2003 (as amended from time to time). I confirm that I am able to contribute to a superannuation fund under current legislative requirements and that any fees and costs payable have been disclosed to me. I acknowledge that I have read and understand the information in the PDS about disclosure of my tax file number, privacy and consent to personal information collected about me being used for the purposes, and disclosed in the circumstances permitted or required by law.

I/We acknowledge that neither Trustee nor any of their subsidiaries nor their respective officers guarantees any particular rate of return, the capital invested or the repayment of capital.

I understand that the Trustee cannot provide me with advice that takes into account my personal circumstances and that if require such advice I should consult an appropriately qualified financial adviser.

Before you sign this Application Form, the Trustee is obliged to give you a Product Disclosure Statement (which is a summary of important information relating to the Fund). The Product Disclosure Statement will help you to understand and decide if the Fund is appropriate to your needs.

X

Signature of Member

X

Date

