

3. Employer preferred contribution method:

Would you prefer to receive the “Employer Contribution Schedule” and “New Employee Schedule” in Excel format, via e-mail, or in hard copy via regular post?

Email: Post

Please advise us of your existing employees’ details as soon as possible.

Contribution or payment method; Ongoing contributions can be made by:

Cheque

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

Direct credit

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

4. Employer declaration:

I/We hereby make application to join the Lindfield Superannuation Fund a sub fund of the Grosvenor Pirie Master Superannuation Fund – Series 2 and agree to be bound by the Trust Deed dated 2nd December 2003 (as amended from time to time).

I/We have personally received the Product Disclosure Statement dated 1st December 2006 (“PDS”) either as a printed document, an electronic document or a paper printout of the electronic document and this application was accompanied by, or attached to, the Product Disclosure Statement at the same time as I/we received this Employer Application Form.

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/We acknowledge and have read and understand the information in the PDS about privacy and understand by completing and returning the relevant forms, I/we agree to the Trustee or any of their subsidiaries or appointed service providers using and disclosing my/our personal information as set out in the privacy policy. I/we acknowledge that where any information is provided by me/us about another individual, that individual has been made aware of the fact and the contents of the Privacy Statement.

I/We undertake to provide the Trustee with any information requested relating to the Lindfield Superannuation Fund and any change to information I/we have given in this application.

I/We have read and understood this Product Disclosure Statement dated 1st July 2007.

The authorised representative(s) detailed above are authorised on behalf of the employer for the purposes of supplying to the Trustee any notice, comment or information required to facilitate the administration of the Fund.

I/We declare that the contributions made by me/us are in accordance with the contribution rules in superannuation legislation.

I/We agree that any contributions made in contravention of these rules may not be able to be retained by the Fund and may be refunded (as soon as practicable) [without interest].

I/We declare as an employer to provide the employer contribution schedule at or near the same as the payment and that any loss or liability arising from delays in receiving the schedule and the allocation of contributions shall be the responsibility of the employer.

X

Signature of Authorised person

X

Date

X

Signature of Company Secretary

X

Signature of Director

Office use only

Employer code

Employer name

Please return completed form to Lindfield Superannuation Fund
C/- Grosvenor Pirie Management Limited, GPO Box 263, Sydney NSW 2001
Free Call : 1300 366 657 Facsimile : (02) 9380 4205 E-Mail : lindfieldsuper@gpml.com.au