SUPERANNUATION FUNDS

Reasonable benefit limits (RBL)

reporting form

Warning: This form has been designed by BGL to assist clients to prepare the original RBL form provided by the ATO. This form CANNOT be lodged with the ATO and will not be accepted by them. Only the Original ATO form can be lodged.

SECTION A: Fund details				
* 1 Fund's tax file number (TFN)	830 791 340			
2 Fund's Australian business Number (ABN)				
* 3 Fund's current name				
BARNETT SUPERANNUATION FUND				
4 Fund's previous name if it has changed since last repor	ted			
* 5 Fund's street address				
8 BATES STREET SPRINGWOOD QLD 4127				
6 Fund's postal address (leave blank if same as street add	lress)			
* 7 For the purpose of paying this benefit, you were operati	ng as:			
Superannuation F	Gund X			
Approved Deposit I	₹und			
Life Assurance Company				
Retirement Savings Account Provi	der			
8 Fund's contact person				
Title				
Name				
Business hours phone number	Facsimile number			

SECTION B: Recipient's Details

For some benef	its paid after the death of a person you must show detail	s of the deceased in this section.			
9 Recipient's	9 Recipient's TFN 479642711				
10 What is th	ne number you use to identify the recipient ?				
* 11 Recipient	's name				
Title Family name Given names	MR BARNETT JOHN				
12 Recipients	s previous full name if it has changed since last reported	d			
Title Family name Given names					
* 13 Date of B	Birth 06/05/1947				
14 Sex	Male X Female Information no	nt available			
* 15 Recipient	's postal address (if recipient is deceased enter their las	st known address)			
8 BATES STR SPRINGWOO	EET DD QLD 4127				
16 Has mail s	sent to the above address been returned to you?	Yes No X			

SECTION C: Report Type - new benefit or amendment * 17 Are you reporting a new benefit or amending details of a benefit previously reported Go to 22 A New Benefit. Amendment Go to 18 18 Previously reported benefit payment date 19 Type of benefit previously reported Lifetime purchased pension or non-purchased pension Annuity or non-lifetime purchased pension (including) allocated Death Benefit ETP Direct Roll-over of Commutation or Residual Capital Value or reduction due to marriage breakdown 20 Amount of benefit previously reported 21 What is the reference number for the Go to 22 benefit previously reported? **SECTION D Benefit Details** * 22 Start date of eligible service period 26/11/1976

01/07/2006

2,408

8,221

* 23 Benefit payment date

24 Number of pre-July 1983 days

25 Number of post-June 1983 days

26 15 February 1990 rollover balance

15 February 1990 rollover balance

28 What is your reference number for the benefit being reported?

27 Amount used or paid from

29 Is this benefit being paid due to marriage breakdow	Yes Go to 30 No X Go to 31
30 Is the recipient a non-member spouse?	Yes U Date of birth of member spouse
31 Benefit Type	
Lifetime purchased pension of	r non-purchase pension X Go to 35
Annuity or non-lifetime purchased pension (inclu	ETP standards met? No
Direct Roll-over of Commutation or Residual Capital	
* 32 Payment component details	
Capital gains (CGT) exempt component	A
Undeducted contributions	B \$490,681.35
Concessional component	C
Pre-July 1983 component	D \$11,318.65
Post-June 1983 taxed element	E
Post-June 1983 untaxed element	F
Post-June 1994 invalidity component	G
* 33 Total benefit amount	H \$ \$502,000.00
* 34 Does this benefit arise from a previous pension or annuity?	Yes Go to 48 No X U Is this a death benefit ETP? Yes Go to 54 No Go to Section H

SECTION E: Lifetime purchased pension or non-purchased pension

35 Expected payment in year 1		
36 Term of pension	(years)	
37 Undeducted purchase price		
38 Is the pension rebatable ?	Yes No X	
39 Rate of indexation		
40 Level of reversion		
41 Does the pension have a residual capital value (RC	EV)?	Yes u u
42 Pension standards met ?		Yes No X
43 Was the recipient a member of the fund at 15th August 1989?		Yes No X
44 Is the pension a disability superannuation pensio	n?	Yes No X
* 45 Does this benefit arise from a previous pension ?		Yes Go to 46 No X Go to Section H

SECTION F: Details of a previous pension or annuity from which this benefit arose

46 The benefit arose from the pension or annuity due to:	
Commutation (wholly or partly converted to a lump sum other than because of marriage breakdown)	
Marriage breakdown Residual capital value being paid (lump sum paid at the end of the term of a pension annuity)	
47 Your reference number for the previous pension or annuity	
48 Commencement date of the previous pension or annuity	
49 Previous benefit type	
Lifetime purchased pension or non purchased pension Annuity or non-lifetime purchased pension (including allocated pension)	
50 Did the previous benefit meet the pension or annuity Yes standards? No	Go to 51 Go to 52
51 Was marriage breakdown the reason for commutation? Yes No	
52 Was the reason for the commutation to purchase another pension or annuity that meets the standards? No	
53 Is the original recipient deceased? Yes No	Go to 54 Go to Section G

SECTION H: Declaration

Signature

Date of signature	/	/		

^{*} I am the payer or a person authorised to sign on behalf of the payer, and the information is accurate and complete.

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6 Fund's postal address (leave blank if same as street add	lress)			
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8 Fund's contact person				
Title				
Name				
Business hours phone number	Facsimile number			

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9 Recipient's	s 1FN 479642711
10 What is th	he number you use to identify the recipient ?
* 11 Recipien	t's name
Title	MR
Family name	BARNETT
Given names	JOHN
12 Recipient	s previous full name if it has changed since last reported
Title	
Family name	
Given names	
* 13 Date of I	Birth 06/05/1947
14 Sex	Male X Female Information not available
* 15 Recipient	t's postal address (if recipient is deceased enter their last known address)
8 BATES STR SPRINGWOO	REET DD QLD 4127
16 Has mail s	sent to the above address been returned to you? Yes No X

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Annuity or non-lifetime purchased pension (inclu	luding) allocated pension u Pension or annuity standards met? Yes Go to 32 Death Benefit ETP u Go to 32
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39 Rate of indexation	
40 Level of reversion	
41 Does the pension have a residual capital value (RC	Yes U No X
42 Pension standards met ?	Yes No X
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44 Is the pension a disability superannuation pension	Yes No X
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48 Commencement date of the previous pension or annuity	
49 Previous benefit type	
Lifetime purchased pension or non purchased pension Annuity or non-lifetime purchased pension (including allocated pension	\vdash
50 Did the previous benefit meet the pension or annuity yes standards? Yes No.	\vdash
51 Was marriage breakdown the reason for commutation? Yes	\vdash
52 Was the reason for the commutation to purchase another pension or annuity that meets the standards? Yes No.	\vdash
53 Is the original recipient deceased? Yes	\vdash

SECTION G: Beneficiary Details where details of deceased are given in Section B 54 Beneficiary's name Title Family Name

Given name				
55 Beneficiary's TFN				
56 Beneficiary's date of bir	rth			
57 Beneficiary's sex	Male	Female	Information not available	
58 Beneficiary's postal add	lress			
SECTION H: Declarat	ion			
* I am the payer or a person the information is accurate		alf of the payer, and	!	
Signature				
Date of signature	/ /			
Date of Signature	1 1			