



Transfer balance account report

Transaction ID 2410785881296

Provider

Name WECKERT J A AND G M SUPERANNUATION
FUND
ABN 52120812967

Supplier

Name NORTHERN ACCOUNTING SERVICES PTY LTD
ABN 94056676389
Contact name JOSH CHAMBERLAIN
Contact phone number 08 83962020

Event

Reporting event Commutation authority - commuted in full
Reported effective date 01/07/2021
Value \$27,254.91

Member

Details

Tax file number (TFN) 560664190
Title Mr
Family name WECKERT
First given name GAIL

Second given name
Date of birth

MARIE
06/03/1953

Address

347 BOCONNOC PARK ROAD
BOCONNOC PARK SA 5453
AUSTRALIA

Account details

Type	Account based income stream
Status	Account is open
Account number	SMSF116263877073


Commutation

Was the commutation paid directly to the member?	No
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Is this a cancellation of a previous report?	No
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Declaration

- > I have prepared the statement with the information supplied by the superannuation provider / life insurance company (as applicable)
- > I have received a declaration made by the superannuation provider / life insurance company (as applicable) that the information provided to me for the preparation of this statement is true and correct
- > I am authorised by the superannuation provider / life insurance company (as applicable) to give the information in the statement to the ATO

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