

**BENEFIT CONFIRMATION**

SECTION A – FUND DETAILS	
Fund name	Podocarp Superannuation Fund
Balance Date	30 June 2020

SECTION B – DETAILS OF PERSON MAKING THE CONFIRMATION
I hereby confirm that the amounts and allocations detailed below accurately reflect the benefit payments drawn by the members in respect of the year of income in Section A.

MEMBER NAME	Leah Williams	Warren Poole
PENSION PAYMENTS	N/A	N/A
LUMP SUM WITHDRAWALS	\$30,000	\$30,000

SIGNATURE OF PERSON MAKING THE CONFIRMATION
<div>Signature: _____ Date:    /    /</div> <div>Leah Williams      Warren Poole</div>

W.P. L.W.

Document electronically signed



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## Document Details

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Signed by	Leah Williams (1leahwilliams@tpg.com.au   +61 xxxxxxx 294), Warren Poole (warrenpoole@tpg.com.au   +61 xxxxxxx 027)
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## Document Signers

### Signer 1

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### Signer 2

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2023-02-03 14:30 +10:00	SYSTEM	EMAILS SENT TO: 1LEAHWILLIAMS@TPG.COM.AU (14 DOCUMENTS - 11 ACTIONS) WARRENPOOLE@TPG.COM.AU (14 DOCUMENTS - 12 ACTIONS) SMSS SENT TO: LEAH WILLIAMS - +61 XXXXXXX 294 (14 DOCUMENTS - 11 ACTIONS) WARREN POOLE - +61 XXXXXXX 027 (14 DOCUMENTS - 12 ACTIONS)
2023-02-03 16:24 +10:00	LEAH WILLIAMS	SMS VERIFICATION REQUESTED TO MOBILE ENDING IN 294
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