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
Signature: _____ Date: / /
Leah Williams Warren Poole