

Superannuation

Annual Statement

For the period 1 October 2017 to 30 September 2018

Life Insured : Kevin Embling	Commencement: 10/01/2018
Policy number : 1718649	
Adviser name : Sunil Adiyodi	
Adviser number : 94601	
Policy Owner : P A K Superannuation Pty Ltd	
Issuer : TAL Life Limited	
AFSL : 237848	ABN : 70 050 109 450

Insurance Benefits as at 30 September 2018

Kevin Embling's Benefits	\$
Death Sum Insured	800000.00
Total and Permanent Disablement Sum Insured	800000.00
Disability Sum Insured	3000.00

Summary

	\$
Withdrawal Value as at 01/10/2017	0.00
Total Premiums and Rollovers	7083.67
Total Insurance Premiums	(7083.67)
Withdrawal Value as at 30/09/2018	0.00
Total Policy Fees (included in total insurance premiums paid)	0.00



8th February 2019

P A K Superannuation Pty Ltd
22 Redpoll Court
LOWER CHITTERING WA 6084

Dear Trustee

**2018 Annual Statement Insurance through Superannuation
Policy Number: 1718649**

We're pleased to provide an update about your policy for the year ended 30 September 2018.

Your Annual Statement contains a summary of your policy and details of your insurance benefits. This statement is for general information only and does not constitute an annual statement for the purposes of Section 1017D of the Corporations Act 2001.

Important

This statement outlines details of your insurance through superannuation only.

Are your contact details up to date?

We don't have a current email address for you. If you'd like to register an email address with us so that we can communicate with you by email, please contact us. And if any of your contact details have changed, please let us know and we'll update them for you.

More information

If you have any questions or would like more information, please contact your financial adviser Sunil Adiyodi by phone on 08 9274 2844 or by email to sunil@blossomfp.com.au. You can also get in touch with us directly by phone on 1300 209 088 or by email to customerservice@tal.com.au.

Thank you for choosing TAL for your insurance needs.

Yours sincerely



TAL Customer Service

Superannuation

Annual Statement

Life Insured : Kevin Embling

Policy number : 1718649

Transaction Listing

Date	Transaction	Amount \$
10/01/2018	Premium	7083.67
10/01/2018	Insurance Premium	(7083.67)

Important information

This statement has been prepared by TAL Life Limited, ABN 70 050 109 450 (TAL). It outlines the value of the benefits that your insurance provided as at 30 September 2018 and the transactions that occurred during the prior twelve month period. This statement is for information purposes and should be read in conjunction with the disclosure documents you received when you commenced this insurance.

TAL has taken reasonable care in preparing this statement but reserves the right to make amendments in the event of an error. As the information contained within this statement is of a general nature only and does not consider your particular objectives, financial situation and needs, we recommend you seek independent financial and tax advice.

Your insurance benefits

TAL allows you the flexibility to alter your insurance benefits as your personal circumstances change. You should seek advice from your financial adviser about the appropriate level of insurance cover for your individual circumstances.

Assets of the fund

Under superannuation law you should be aware that assets of the self-managed superannuation fund (SMSF) remain the responsibility of the trustee of the SMSF and should be kept separate from your personal assets.

We act on instructions from the trustee of your SMSF in relation to the life risk policies insured.

Additional explanation of fees and costs

For full details on the fees, expenses and charges applicable to your insurance cover, please refer to the disclosure documents.

Withdrawal value

This statement relates to your life insurance which does not acquire a withdrawal value. If you terminate this insurance at any time (when you are not eligible to make a claim) no cash value will be payable.

Complaints

If you have a complaint related to your investment, we will do our best to resolve the matter for you as quickly as possible, and will always attempt to resolve your complaint within 45 days of the date we receive it. To lodge a complaint, contact us by phone on 1300 209 088, in writing to Complaints Department, TAL Life Limited, GPO Box 5380, Sydney NSW 2001, by email to customerResolutionTeam@tal.com.au or online at www.tal.com.au/Contact-TAL.

Australian Financial Complaints Authority

If an issue has not been resolved to your satisfaction, or we have not resolved the matter within 45 days of receiving your complaint, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: www.afca.org.au

Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit, other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 95 289-010-261
 Fund Name : TTF EMBLING SUPER FUND
 Postal Address : 22 REDPOLL COURT
 Suburb/town/locality : LOWER CHITTERING
 State/territory : WA
 Postcode : 6084
 Country :
 (a) Unique superannuation identifier :
 (b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 161 400 332
 Full Name
 Title : Mr
 Family Name : Embling
 First Given Name : Kevin
 Other Given Name(s) :
 Residential Address : 22 RED POLL COURT
 Suburb/town/locality : LOWER CHITTERING
 State/territory : WA
 Postcode : 6084
 Country :
 Date of Birth : 07 / 02 / 1972
 Sex : Male
 Daytime phone number : 0895718380
 Email address (if applicable) : kevemb14@gmail.com

SECTION C: Rollover Transaction Details

Service period start date : 20 / 11 / 1992

Tax Components

Tax-free component	\$	4,500.00
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	225,169.21
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 229,669.21

Preservation amounts

Preserved amount	\$	229,669.21
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$ 229,669.21

SECTION D: Non-complying funds

Contributions made to a non-complying fund on or after 10 May 2006

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 85 502 108 833
Fund name : TELSTRA SUPER SCHEME
Contact name : KATHRYN FORREST
Daytime phone number : 1300033166
Email address : contact@telstrasuper.com.au

SECTION F: Declaration


AUTHORISED REPRESENTATIVE DECLARATION

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the information supplied by the superannuation provider
- I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the superannuation provider to give the information in the statement to the ATO.

Name : KATHRYN FORREST

Authorised representative signature :  Date: 17 July 2019

Tax agent number (if you are a registered tax agent)

Where to send this form

Do not send this form to the ATO

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

14

GESB

SUPERANNUATION

15 February 2018
WIN: 18006210

Embling Super Fund
PO Box 238
MIDLAND DC WA 6936

Member Services Centre 13 43 72
PO Box J 755, Perth WA 6842
Facsimile 1800 300 067
gesb.wa.gov.au
Member Number: 8039910

Dear Sir/Madam

Member Name: Mrs Paulette Embling
Your Ref: P Embling

As requested, the GESB Superannuation benefit for the above member has been electronically transferred to the bank account details provided for the Self Managed Super Fund.

Please find enclosed a Rollover Benefits Statement showing the taxation components.

If you have any questions, please contact your Member Services Centre on 13 43 72 between 7.30am and 5.30pm (AWST), Monday to Friday, or visit gesb.wa.gov.au to learn more about your super.

Yours sincerely,



James Friend
Manager, Member Services



Section A : Receiving fund's details

1 Australian business number (ABN)

2 Fund Name

3 Postal Address

Suburb/town/locality State Postcode

Country if other than Australia

4 Unique superannuation identifier (USI)

Member client identifier

Section B - Member's details

5 Tax file number (TFN)

6 Full name
Title - for example, Mr, Mrs, Miss, Ms Surname or family name

First given name Other given names

7 Residential address

Suburb/town/locality State Postcode

Country if other than Australia

8 Date of birth 9 Sex (M/F)

10 Daytime phone number

11 Email Address

Section C - Rollover transaction details

12 Service period start date	<input type="text" value="30/03/2009"/>	14 Preservation amounts	
13 Tax Components		Preserved amount	<input type="text" value="\$ 18,000.00"/>
Tax-free component	<input type="text" value="\$ 232.41"/>	KiwiSaver preserved amount	<input type="text" value="\$ 0.00"/>
KiwiSaver Tax-free component	<input type="text" value="\$ 0.00"/>	Restricted non-preserved	<input type="text" value="\$ 0.00"/>
Taxable component:		Unrestricted non-preserved	<input type="text" value="\$ 0.00"/>
Element taxed in the fund	<input type="text" value="\$ 17,767.59"/>	TOTAL Preservation Amounts	<input type="text" value="\$ 18,000.00"/>
Element untaxed in the fund	<input type="text" value="\$ 0.00"/>		
TOTAL Tax Components	<input type="text" value="\$ 18,000.00"/>		

Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006

Section E: Transferring fund

16 Fund's ABN

17 Fund's name

18 Contact name

19 Daytime phone number

20 Email Address

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Section F - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

I declare that the information contained in the statement is true and correct

Name (BLOCK LETTERS)

Mr Andrew Macleman

Trustee, director or authorised officer signature

Andrew Macleman

DATE 15/02/2018

Where to send this form

Do not send this form to the ATO

- If the rollover data standards do not apply to the transaction, you must do all of the following:
- send the form to the receiving fund in section A within seven days of paying them the rollover
 - provide a copy to the member in section B within 30 days of paying the rollover
 - keep a copy in your records for a period of five years

- If the rollover data standards do apply to the transaction, you must do the all of the following:
- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
 - use this form only to provide a statement to the member in section B within 30 days of paying the rollover
 - keep a copy of the member statement in your records for a period of five years

