

21 May 2021

Our Ref: EXT4_IP

MR A L DIVALL
PO BOX 4370
SHELLHARBOUR NSW 2529

Account Number: 0155798-D2-01

Dear MR DIVALL

Additional Income from Your Investment in the Asgard Superannuation Account

Asgard is pleased to advise that \$5,599.70 has been banked into your nominated bank account.

This amount is investment income received after you closed your Account through to the date of this letter.

We have enclosed the following document(s):

- Rollover Benefit Statement
- Final Benefit Statement

If you have any queries, please call our Asgard Investor Services team on 1800 998 185 toll free.

Thank you for using our services. We look forward to providing you with the solutions to your future investment needs.

Yours Sincerely

The Asgard Team

**Asgard Capital Management
Limited (ACML)**
ABN 92 009 279 592
AFSL 240695

**BT Funds Management
Limited (BTFM)**
ABN 63 002 916 458
AFSL 233724

**Westpac Financial Services
Limited (WFSL)**
ABN 20 000 241 127
AFSL 233716

Correspondence Asgard
PO Box 7490
Cloisters Square WA 6850

Customer Relations 1800 998 185
Email client.support@asgard.com.au
Website www.asgard.com.au/contact
www.investoronline.info

FINAL BENEFIT STATEMENT
Asgard Superannuation Account

Account Name	ALAN LEICESTER DIVALL
Account Number	0155798-D2-01
Date of Payment	21/05/2021
Date Joined Asgard	30/06/1998

	\$	Total
Opening Balance as at 01/01/2021		0.00
Add:		
Earnings on Investments		6587.88
Less:		
Tax Paid		988.18
Withdrawals (before PAYG tax)		5599.70
Closing Balance as at 21/05/2021		\$0.00

NET EARNINGS ON INVESTMENTS

	\$	
Earnings on Investments		6587.88
Less Monthly Management Fees		0.00
Less Tax		988.18
Net Earnings on Investments		\$5599.70

Net Earnings is the investment return on the assets in your account after payment of any transaction costs, government charges, taxes and duties and charges relating to the management of investment of the assets in your account. Where applicable the management fee amount disclosed in Net Earnings will include Share transaction fees.

Net Rate of Return N/A

Ongoing fees and costs include monthly management fees (includes monthly administration fee, trustee fee and expense recovery), other expenses and adviser fees (includes ongoing adviser fee and one off adviser fees but excludes contribution fees). These fees and costs cover the maintenance of investor records, the production of periodic reports, the processing of investment transactions, compliance with all applicable regulatory requirements and the payment of commission to your adviser (as negotiated) for services provided by them.

ASSET DETAILS

Statement of Long Term Returns

The performance information shown relates to the investments your account was invested in as at the period given. These may not reflect the actual returns you have received on your investment because the value of your return will vary based on the length of time you have held an investment or you have bought or sold an investment.

List of assets that were held as at 30/06/2020
% Returns

Asset Name	1 Year	3 Year	5 Year	10 Year	Since Inception Date Asset (if less than 10yrs)
Cash Holding Account	0.28	0.36	0.48	1.51	

TRANSACTIONS

Withdrawals

21/05/2021	DR	BENEFIT PAYMENT	\$ 5599.70
Total			5599.70

Tax Paid

21/05/2021	DR	TAX PROVISION (PAYMENT)	\$ 988.18
Total			988.18

Indirect Costs of Your Investment

This approximate amount has been deducted from your investment and covers amounts that have reduced the return on your investment but are not charged as a fee. This indirect cost is the Cash Balance Fee. Refer to the 'Other Costs' amount for the costs that applied to your managed funds over the statement period.

\$

\$0.00

Total Fees You Paid

This approximate amount includes all the fees and costs which affected your investment during the period. This does not include fees or costs relating to your underlying investments.

\$

\$0.00

Other Costs

This approximate amount has been deducted from the investments you have chosen and covers amounts that have reduced the return on these investments but are not charged to you directly as a fee or deducted from your account. This amount only incorporates the management fees and performance-related fees associated with the underlying managed investments. The transaction costs, borrowing costs, buy/sell spreads and other indirect costs are excluded.

\$

\$0.00

Total Fees and Costs You Paid

This approximate amount includes all the fees and costs which affected your investment during the period. This includes fees or costs relating to your underlying investments.

\$

\$0.00

The fees and costs information shown above may not include all the fees and costs in relation to your underlying investments.

For further information regarding the fees and costs of the underlying investment options available through the Product, including an example of total costs for each investment option, please refer to the relevant Product Disclosure Statement or other Disclosure Document, which may be obtained free of charge online by logging in to Investor Online, on request from your adviser (if you have one) or by contacting us.

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Other Costs

The amount above includes the investment manager fee and performance-related fee charged by the investment managers of your selected funds for the period. This excludes transaction costs, borrowing costs, buy/sell spreads and other indirect costs. For a comprehensive view of the total costs for your investments, please refer to the example below.

Example of total fees and costs

The following example illustrates the combined effect of the fees and costs of your product and an investment in the Advance Balanced Multi-Blend Fund (the Fund) through the product over a 1 year period.

This example is illustrative only and the fees and costs will vary depending on your actual investment:

- **Cost of product:**
If your balance in the Fund was \$50,000, then for that year you will be charged fees of \$907.25¹ for the product.
- **PLUS fees and costs for an investment in the Fund:**
\$475.00 (comprising 0.79% Management costs² and 0.16% Net transactional and operational costs³) each year will be deducted from your investment.

EQUALS \$1,382.25⁴, being the total fees and costs of investing in the Fund through the product

¹ The example above assumes that \$50,000 is invested in the Fund through the product (with an additional \$2,000 held in the Cash Account) for the whole year. Please refer to the 'Fees and other costs' section of the disclosure document for the product for the amount of each of these fees and costs. The Cost of Product shown above has been calculated based on the Administration fee rates set out in the current disclosure document for the product. The Cost of Product amount may be different (and potentially higher) if you are subject to different Administration fee rates.

² This amount includes management fees and indirect costs, which may include performance-related fees and other indirect costs (as applicable) in relation to the Fund. The indirect costs are an estimate in relation to the year ended 30 June 2020. For more information regarding the fees and costs applicable to underlying investment options, please refer to the 'Additional explanation of fees and other costs' section of the PDS.

³ This amount is an estimate of the net transactional and operational costs incurred in respect of the Fund in relation to the year ended 30 June 2020. Please refer to 'Other transactional and operational costs' in the 'Additional explanation of fees and costs' section of the PDS for further information.

⁴ Additional fees may apply. This example does not take into account other fees and costs that may apply to some or all of the available investments, such as Adviser establishment fees, other advice fees, transaction fees, transaction costs, any applicable buy/sell spread charges, Family Law Act fees, or Government or bank fees. The actual fees and other costs incurred are dependent on the investments and or transactions you decide to transact in. Refer to 'Additional explanation of fees and costs' in the PDS for information about the fees and other costs that may apply.

INSURANCE

There is no insurance cover held.

YOUR ENTITLEMENTS

Withdrawal Benefits

	\$
Preserved Amount	5599.70
Restricted Non-Preserved Amount	0.00
Unrestricted Non-Preserved Amount	0.00
Total	<u>5599.70</u>

Components of Your Benefit

The components of your benefit are:

\$

Tax Free Component	0.00
Taxable Component	5599.70
Total	\$5599.70

FINAL NET BENEFIT PAYABLE **\$5599.70**

On 21/05/2021, a benefit of \$5599.70 was payable in the event of your death.

OTHER INFORMATION

Enquiries

We are obliged to provide you with any information that you reasonably require to understand your benefit entitlements. Therefore, if you have any queries regarding this report or require further information in relation to this product please contact your financial adviser, MR PAUL WHITELAW on 1300 975 999. Alternatively, you can contact our Customer Relations team by telephone on 1800 998 185 or by email to asgard.investor.services@asgard.com.au or by writing to Level 4, Brookfield Place Tower 2, 123 St Georges Terrace, Perth WA 6000.

Complaints Resolution

We have established procedures for dealing with enquiries and complaints. If you have any enquiries or complaints about the operation of your Account, you can write to the Complaints Officer at Level 4, Brookfield Place Tower 2, 123 St Georges Terrace, Perth WA 6000.

If you have made a complaint to the Complaints Officer about a decision and your complaint has not been resolved to your satisfaction, you can contact the Australian Financial Complaints Authority (AFCA) in the following ways:

Online: www.afca.org.au
 Email: info@afca.org.au
 Telephone: 1800 931 678
 Writing to:
 Australian Financial Complaints Authority
 GPO Box 3 Melbourne VIC 3001.

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Rollover benefits statement

When to use this statement

- Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) 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**).

- You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

Completing this statement

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

- Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

DIVALL SUPER FUND

3 Postal address

PO BOX 4370

SHELLHARBOUR

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

Section B: Member's details

5 **Tax file number (TFN)**

6 **Full name**

Title: Mr Mrs Miss Ms Other

Family name

DIVALL

First given name

ALAN

Other given names

LEICESTER

7 **Residential address**

PO BOX 4370

Suburb/town/locality

SHELLHARBOUR

State/territory

N S W

Postcode

2 5 2 9

Country if other than Australia

8 **Date of birth** Day: / Month: / Year:

9 **Sex** Male Female

10 **Daytime phone number** (include area code)

11 **Email address** (if applicable)

altel1@bigpond.com

Section C: Rollover transaction details

① Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 **Service period start date** Day: / Month: / Year:

13 **Tax components**

Tax-free component \$, , 0 . 0 0

KiwiSaver tax-free component \$, , 0 . 0 0

Taxable component:

Element taxed in the fund \$, 5 , 5 9 9 . 7 0

Element untaxed in the fund \$, , 0 . 0 0

Tax components TOTAL \$, 5 , 5 9 9 . 7 0

① Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount \$, 5, 99. 70

KiwiSaver preserved amount \$, , 0. 00

Restricted non-preserved amount \$, , 0. 00

Unrestricted non-preserved amount \$, , 0. 00

Preservation amounts TOTAL \$, 5, 99. 70

i If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

i Only complete this section if you are a trustee of a non-complying fund.

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

\$, , 0. 00

Section E: Transferring fund

16 Fund ABN 90 194 410 365

17 Fund name

Asgard Independence Plan - Division 2

18 Contact name

Title: Mr Mrs Miss Ms Other

Family name

WEBER

First given name

JOANNE

Other given names

19 Daytime phone number (include area code)

1800998185

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

-  Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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)

PATRICK BREUER

Trustee, director or authorised officer signature



Date

Day: 2 1 / Month: 0 5 / Year: 2 0 2 1

OR

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 (BLOCK LETTERS)

Authorised representative signature

Date

Day: / Month: / Year:

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 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 five years.

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

- comply with the data standard requirements 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 five years.

21 May 2021

Our Ref: EXT1_TR

FUND ADMINISTRATOR
DIVALL SUPER FUND
PO BOX 4370
SHELLHARBOUR NSW 2529

Account Number: 0155798-D2-01

Dear Sir/Madam

Transfer of Funds

Our client, MR ALAN LEICESTER DIVALL, has requested us to rollover their Asgard Account (Account Number 0155798-D2-01) into your fund. We have deposited \$5,599.70 to your account.

We enclose:

- Rollover Benefit Statement

If you have any queries please call our Asgard Investor Services team on 1800 998 185.

Yours sincerely

The Asgard Team

**Asgard Capital Management
Limited (ACML)**
ABN 92 009 279 592
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1 **Australian business number (ABN)**

2 **Fund name**

DIVALL SUPER FUND

3 **Postal address**

PO BOX 4370

SHELLHARBOUR

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

4 (a) **Unique superannuation identifier (USI)**

(b) **Member client identifier**

0000011000007

Section B: Member's details

5 **Tax file number (TFN)**

6 **Full name**

Title: Mr Mrs Miss Ms Other

Family name

DIVALL

First given name

ALAN

Other given names

LEICESTER

7 **Residential address**

PO BOX 4370

Suburb/town/locality

SHELLHARBOUR

State/territory

N S W

Postcode

2 5 2 9

Country if other than Australia

8 **Date of birth** Day: / Month: / Year:

9 **Sex** Male Female

10 **Daytime phone number** (include area code)

11 **Email address** (if applicable)

altel1@bigpond.com

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Tax-free component \$, , 0 . 0 0

KiwiSaver tax-free component \$, , 0 . 0 0

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16 Fund ABN 90 194 410 365

17 Fund name

Asgard Independence Plan - Division 2

18 Contact name

Title: Mr Mrs Miss Ms Other

Family name

WEBER

First given name

JOANNE

Other given names

19 Daytime phone number (include area code)

1800998185

20 Email address (if applicable)

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Name (BLOCK LETTERS)

PATRICK BREUER

Trustee, director or authorised officer signature



Date

Day Month Year
2 1 / 0 5 / 2 0 2 1

OR

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- 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 (BLOCK LETTERS)

Authorised representative signature

Date

Day Month Year
□ □ / □ □ / □ □ □ □

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

□ □ □ □ □ □ □ □ □ □

Where to send this form

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- keep a copy in your records for five years.

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- keep a copy of the member statement in your records for five years.