

25 May 1999

D and J Crofts Superannuation Fund
C/- 14 Impson Gardens
SOUTH LAKE WA 6164

Dear Sir/Madam,

Accountants Superannuation Fund

Member Name: Darren John Crofts
Member Number: 34983

We have been instructed to roll over the above member's superannuation benefit to your organisation.

Accordingly, we enclose a cheque for \$4,695.14 together with an Eligible Termination Payment Rollover Statement and Surcharge information. **Please present this cheque immediately** as any cheque which remains unrepresented for 3 months will be cancelled. The above mentioned Surcharge information is as follows:

Financial year ending	30-06-1999
Employer contributions (accumulation)	\$214.61
Employer contributions (defined benefit)	\$0.00
Surchargeable amount of Employer ETPs	\$0.00
Allocated surplus	\$0.00
Total contributions	\$214.61

Please return the following information which we require on behalf of the ATO.

1. Superannuation Fund Number of receiving rollover institution
2. New member number
3. New client code
4. New system code

When returning the above information, **please quote the member's name, member's old number and paying fund name.**

Yours Sincerely,



Mary Angelucci
For and on behalf of the Trustee
Accountants Superannuation Fund



ETP Roll-over Statement: Industry Standard for Superannuation Payers

This form is to help superannuation funds, approved deposit funds, retirement savings account providers, life assurance companies and registered organisations to meet the tax office prescribed minimum information requirements for a roll-over payment. Read the instructions before you fill in this form. Instructions are available from A Fax From Tax on 13 28 60 and from tax office branches. If you need help filling in this form call the Superannuation Helpline on 13 10 20.

Section 1 - ROLL-OVER FUND NAME AND ADDRESS

D and J Crofts Superannuation Fund
14 Impson Gardens

SOUTH LAKE WA 6164

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

Section 2 - INDIVIDUAL'S DETAILS

Individual's Full Name	Mr		
Title (eg. Mr, Mrs, Miss, Ms)			
Surname or Family Name	CROFTS		
First Given Name	Darren		
Other Given Names	John		
Address	14 Impson Gardens		
	SOUTH LAKE		
	State WA	Postcode 6164	
Date of Birth	18/02/1973	Tax File Number <small>(if required or permitted by law)</small>	175753574
Name and address of authorised agent or adviser (if any)			
<small>This person must be authorised by the individual to receive information about this roll-over from the roll-over fund.</small>	State	Postcode 0	Telephone No.:

Section 3 - ROLL-OVER PAYMENT DETAILS

Eligible Service Period

Date started	15/07/1995
Number of days before 1 July 1983	0
Number of days after 30 June 1983	1411

Roll-over balance as at 15 February 1990 included with this roll-over (if known) **\$ 0.00**

The roll-over payment relates to a pre-July 1994 pension or annuity. Yes No

ETP components

CGT exempt component	\$ 0.00
Undeducted contributions	\$ 0.00
Concessional component	\$ 0.00
Pre-July 1983 and Post June 1983 Taxed element	\$ 4695.14
Post-June 1983 Untaxed element	\$ 0.00
Post-June 1994 invalidity component	\$ 0.00

Preservation amount of the roll-over payment

Preserved amount	\$ 4695.14
Restricted non-preserved	\$ 0.00
Unrestricted non-preserved	\$ 0.00

Gross Amount A
(must be equal to Gross Amount B) **\$ 4695.14**

Gross Amount B
(must be equal to Gross Amount A) **\$ 4695.14**

Section 4 - PAYER DETAILS

ACN/ARBN **000189364**

Payer's Name	Mercer Australia Limited on behalf of the Accountants Superannuation Fund		
Contact Name	STEPHEN BLOOD	Telephone No.	02 93759600
Signature of authorised person	Stephen Blood	Date	25/05/1999

The original of this form must be sent to the rollover fund within 7 days of paying the rollover amount. A copy must be kept for your records and a copy given to the person on whose behalf the rollover is made within 30 days of the rollover payment

ETP Roll-over Statement: Industry Standard for Superannuation Payers

This form is to help superannuation funds, approved deposit funds, retirement savings account providers, life assurance companies and registered organisations to meet the tax office prescribed minimum information requirements for a roll-over payment. Read the instructions before you fill in this form. Instructions are available from A Fax From Tax on 13 28 60 and from tax office branches. If you need help filling in this form call the Superannuation Helpline on 13 10 20.

Section 1 - Roll-over fund name and address

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

D & J Crofts Super Fund PO Box 100 Bullcreek WA WA 6149
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Payee SFN	/ /
Payee ABN	48 / 845 / 047 / 100
SPIN or member account number	B CROFTS

Section 2 - Individual details

Title (ie Mr, Mrs, Ms):	Mr	Surname or family name:	Crofts
First given name	Brenden		
Other given names	James		
Address:	48 Northshore Dr		
	Dongara WA		Postcode: 6525
Date of birth:	10 / 04 / 1975	Tax File Number:	/ /

(if required or permitted by law)

Name & address of authorised agent or adviser (if any):	
	Postcode:

This person must be authorised by the individual to receive information about this roll-over from the roll-over fund.

Section 3 - Roll-over payment details

Eligible Service Period

Date Started:	01 / 06 / 1992
Number of days before 1 July 1983:	0
Number of days after 30 June 1983:	4503

Roll-over balance as at 15 February 1990 included with this roll-over (if known):	\$ 0.00
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ETP Components

CGT exempt component:	\$ 0.00
Undeducted contributions:	\$ 0.00
Professional component:	\$ 0.00
Pre-July 1983 & post June 1983 - Taxed element:	\$ 20855.84
Post-June 1983 - Untaxed element:	\$ 0.00
Post-June 1994 invalidity Component:	\$ 0.00

The roll-over payment relates to a pre-July 1994 pension or annuity:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Preservation amounts of the roll-over payment

Preserved amount:	\$ 20855.84
Restricted non-preserved:	\$ 0.00
Unrestricted non-preserved:	\$ 0.00

Gross amount A:	\$ 20855.84
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Gross amount B:	\$ 20855.84
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GROSS AMOUNT A and GROSS AMOUNT B MUST BE EQUAL

Surchargeable contributions of current financial year

Financial Year Ending:	30 / 06 / 2005
All Contributions:	\$ 0.00
Employer & related:	\$ 0.00

Surchargeable Rollover:	\$ 0.00
Allocated Surplus:	\$ 0.00
Personal Contributed Amount:	\$ 0.00
Other Contributed Amount:	\$ 0.00

Section 4 - Payer details

Payer's SFN	281 440 944	ABN	90 000 000 402
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Payer's name:	MLC LIMITED		
Contact name:	Chris Orgill	Telephone No:	1800 035 564.
Signature of authorised Person:	Chris Orgill	Date:	29 / 09 / 2004

The original of this form must be sent to the roll-over fund within seven days of paying the roll-over payment. A copy must be kept for your records and a copy given to the person on whose behalf the roll-over is made within 30 days of the roll-over payment.