

BENEFIT PAYMENT ADVICE

PART A – Employer to complete

1. Exit Data

Employer Name ROD PARKER AND ASSOCIATES ASF Identification Code _____
 Member Name (Mr/Mrs/Ms/Miss) DARREN CROFTS
 Member No: 34983 Date of Birth 18/02/73
 Address 14 IMPSON GONS
SOUTH LAKE State WA Post code 6164
 Member Phone No: (Home) (08) 9417 1034 (Work) (08) 9310 8189
 Date of Termination 30/06/98
 Has the final contribution been paid in respect of the terminating Member? Yes ☒ No ☐
 Please indicate the pay period the final contribution represents TO 30/06/98

2. Type of Benefit Payment (please tick)

Exit Payment

- ☒ Resignation
☐ Retirement
☐ Retrenchment
☐ Serious ill health (not Total & Permanent Disablement)

Insurance Payment

- ☐ Death
☐ Total and Permanent Disablement
☐ Other (please specify) _____

3. Authorisation

Signature of Authorised Officer x RDDate 12/05/99

Return completed form to:
 Accountants Superannuation Fund
 GPO Box 3607 SYDNEY NSW 1044
 Fax: 1300 655 490

MAILED 12-5-99.

BENEFIT PAYMENT ADVICE

PART B – Member to complete

Member Name (Mr/Mrs/Miss/Ms) DARREN CROFTS Member Number 34983

Payment instructions (tick one box)

☐

Total Benefit to be retained by Accountants Superannuation Fund [Cost of this option \$0.55 per week administration fee].

☐

Non-preserved benefit to be paid in cash and Preserved Benefit to be retained by Accountants Superannuation Fund [Cost of this option \$0.55 per week administration fee].

☒

Total benefit to be rolled over to (name and address of Rollover or Superannuation Fund) :

D AND J CROFTS SUPERANNUATION FUND
14 IMPSON GARDENS
SOUTH LAKE WA 6164 Policy No.(If applicable) _____

☐

Non-preserved benefit to be paid in cash and Preserved benefit to be rolled over to:

 _____ Policy No.(If applicable) _____

☐

Special Consideration Payment of Preserved Benefit – a preserved benefit cannot be withdrawn until the occurrence of one of the following events:

♦ retirement from the workforce after age 55; ♦ death; ♦ proven ill-health; ♦ retirement.

Reason for Consideration – please specify _____

please turn over

VOLUNTARY NOTIFICATION OF TAX FILE NUMBER

I have read and understood the 'Request for Tax File Number' overleaf.

I acknowledge that I am aware that:

- My provision, and your receipt, of my Tax File Number is authorised under the Superannuation Industry (Supervision) Act 1993.
- If I provide my Tax File Number to you, you will use it only for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, calculating tax on any eligible termination payment I may be entitled to, and providing information to the Commissioner of Taxation. These purposes may change in future.
- I don't have to provide my Tax File Number to you. If I don't provide it, I will commit no offence. But If I don't tell you my Tax File Number, I may pay more tax on my benefits than I have to (I may reclaim this through the income tax assessment process). It may also be more difficult to find me in the future to pay me any superannuation benefits I haven't claimed, or to amalgamate or find any other benefits for me. These consequences may change in the future.
- If I provide my Tax File Number to you, you may provide it to the Trustee of any other superannuation fund to which any remaining benefits of mine might be transferred in the future. You won't pass my Tax File Number to any other fund if I tell you in writing that I don't want you to pass it on. You may also give it to the Commissioner of Taxation. Otherwise you will treat it as confidential.

Surname: St. CROFTS

Given Names: DAERW JOHN.

Date of Birth: 18, 02, 73.

Tax File Numer: 175, 753, 574

Signature: D J Crofts

Date: 12, 05, 99

please turn over