BT Investor SuperWrap Personal Super Plan

Mr C Zhang 76 Charolais Cres BENOWA QLD 4217 Investor Number Address Enquiries Fax Internet Adviser Name M02901646 GPO Box 2337 Adelaide SA 5001 1300 657 010 (08) 8422 4415 www.investorwrap.com.au BT PAC 2

Adviser Phone Number

1300 657010

Issue Date

15 February 2022

Dear Investor

We have processed your request to withdraw funds from your BT Investor SuperWrap Personal Super Plan. Please find enclosed the following documents:

Transaction Statement

This confirms the processing of your transaction including payment details.

Withdrawal Statement

This shows details of how your benefit has been calculated. It also provides a summary of all transactions that have occurred in your SuperWrap

investment during this financial year.

Transaction Details and Costs

Summary

This shows all the transactions that have occurred in your transaction account and the amounts paid by you in respect of your SuperWrap investment during this financial year. It also shows the approximate fees and expenses that were indirectly charged on your investment (including investment managers' fees and expenses that are deducted from the Plan/Fund as a whole).

Rollover Benefits Statement

This confirms your rollover payment details and is provided for your own

records.

Please be aware that any insurance cover you had ceased as of the date of your withdrawal from SuperWrap Personal Super Plan. Please contact your adviser for details of your continuation option if applicable.

For further information in relation to any of the services provided by SuperWrap, or if you have any queries at any time, please call your adviser.

Yours sincerely

Dina Kotsopoulos Head of Platforms

BT – Part of Westpac Banking Corporation For and on behalf of the Trustee of SuperWrap

BT Investor SuperWrap Personal Super Plan TRANSACTION STATEMENT

Investor Number Address Enquiries Fax Internet Adviser Name M02901646 GPO Box 2337 Adelaide SA 5001 1300 657 010 (08) 8422 4415 www.investorwrap.com.au BT PAC 2 WRAP SERVICES

Adviser Phone Number

1300 657010

Issue Date

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TRANSACTION DETAILS

Date	Transaction Type	Amount
15 Feb 2022	Withdrawal	\$1,103.90

WITHDRAWAL DETAILS

		Amount
Withdrawn From	Super Wrap PSP	\$1,103.90
Deductions	Lump sum tax	\$0.00
		\$0.00
Amount received	Preserved	\$1,103.90
		\$1,103.90

PAYMENT DETAILS

Paid to	Amount	Withdrawal Type	Payment Method
ATO SUPERSTREAM RECEIPTS ACCOU	\$1,103.90	Rollover	Electronic
	\$1 103 90		

Investor Number:

M02901646

PAYMENT DETAILS (continued)

Bank account Your payment has been automatically credited to the following account:

Account name

ATO SUPERSTREAM RECEIPTS ACCOU

Account number

0000121781

Bank

RESERVE BANK OF AUSTRALIA

Branch

Canberra

BSB

092-009

Amount

1,103.90

M000108Q03 - M02901646

Rollover Benefits Statement

Section A :- Receiving		IN A TAX RETURN DUPLICA	
AUSTRALIAN TAXATION 76 Charolais Cres	OFFICE	Australian business number (ABN)	51 824 753 556
BENOWA QLD 4217		Unique Superannuation Identifier (USI)	51824753556001
		Member client identifier	
Section B :- Member's	details		
Tax File Number (TFN)	871 857 307		
Full Name			
Title	Mr		
Family name	Zhang		
First given name	Chengpeng		
Other given names			
Postal Address	76 Charolais Cres BENOWA QLD 4217		
Date of birth	02/11/1959		
Sex (M/F)	M		
Daytime Phone No.			

27/09/2010 Service period start date Preservation amounts: Tax components: \$1,103.90 Preserved amount \$0.00 Tax-free component \$0.00 KiwiSaver preserved amount \$0.00 KiwiSaver tax-free component Taxable component: \$1,103.90 Element taxed in the fund Restricted non-preserved amount \$0.00 Element untaxed in the fund \$0.00 Unrestricted non-preserved amount \$0.00 **TOTAL Tax Components** \$1,103.90 **TOTAL Preservation Amounts** \$1,103.90

Contributions made to a non-o 10 May 2006	emplying fund on or after \$0.00
Section E :- Transferring f	ind
Fund ABN	39 827 542 991
Your fund name	SuperWrap Personal Super Plan
Contact Name	Kathy Vincent
	Date 15/02/2022
Telephone number	1300 657 010
Email Address	superwrap@investorwrap.com.au
	a speciment and a speciment
Name (BLOCK LETTERS) KATHY VINCENT	lined in the statement is true and correct.
Name (BLOCK LETTERS) KATHY VINCENT Trustee, director or authorised OR AUTHORISED REPRESENTATIVE Complete this declaration if you and declare that: I have prepared the statement	DATE 15/02/2022 E DECLARATION: a an authorised representative of the superannuation fund or other provider shown in section E. with the information supplied by the superannuation provider
KATHY VINCENT Trustee, director or authorised OR AUTHORISED REPRESENTATIVE Complete this declaration if you and declare that: I have prepared the statement	DATE 15/02/2022 E DECLARATION: e an authorised representative of the superannuation fund or other provider shown in section E.
Name (BLOCK LETTERS) KATHY VINCENT Trustee, director or authorised OR AUTHORISED REPRESENTATIVE Complete this declaration if you are declare that: I have prepared the statement or statement is true and correct	DATE 15/02/2022 E DECLARATION: a an authorised representative of the superannuation fund or other provider shown in section E. with the information supplied by the superannuation provider
KATHY VINCENT Trustee, director or authorised AUTHORISED REPRESENTATIVE complete this declaration if you are declare that: I have prepared the statement of the statement is true and correct. I am authorised by the superant statement (BLOCK LETTERS)	DATE 15/02/2022 E DECLARATION: e an authorised representative of the superannuation fund or other provider shown in section E. eith the information supplied by the superannuation provider eide by the superannuation provider that the information provided to me for the preparation of this uation provider to give the information in the statement to the ATO
Name (BLOCK LETTERS) KATHY VINCENT Trustee, director or authorised OR AUTHORISED REPRESENTATIVE Complete this declaration if you are declare that: I have prepared the statement or statement is true and correct	DATE 15/02/2022 E DECLARATION: a an authorised representative of the superannuation fund or other provider shown in section E. with the information supplied by the superannuation provider ade by the superannuation provider that the information provided to me for the preparation of this unation provider to give the information in the statement to the ATO DATE 15/02/2022