Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

PART 1 – SUPERANNUATION	PROVIDER TO COMP	PLETE	
Section A: Superannuation pro	ovider details		
1 Superannuation fund, ADF, RSA or annui	ity provider name		
KHAN FAMILY SUPERANNUATION FUND			
2 Postal address	,		
21A LYNWOOD AVENUE			
Suburb/town/locality		State/territory	Postcode
KILLARA		NSW	2071
3 Australian business number (ABN) or wit	thholder paver number		
58576423183			
00070 120700			
4 Authorised contact person			
Title: MR			
Family name			
KHAN			
First given name	Other given names		
MAZAHIR	<u> </u>		
5 Daytime phone number (include area code)	0400 040 099		
Castian D. Marshaula dataila		<u></u>	
Section B: Member's details			
6 Your full name			
Title: MR			
Family name			
KHAN			
First given name	Other given names		
MAZAHIR			
7 Ourseast was tall address.			
7 Current postal address 21A LYNWOOD AVENUE			
21A LYNWOOD AVENUE			
Suburb/town/locality		State/territory	Postcode
KILLARA		NSW	2071
		<u></u>	
8 Date of birth 03.IULY 1953			

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Se	ection C: Superar	nnuation lump sum payment de	etails
9	Lump sum payment is calculated to this date	09 AUGUST 2019	
10	Superannuation lump s Taxable component	um components	
	Taxed element	\$ 721.55	
	Untaxed element	\$	
	Tax-free component	\$ 538.45	
	Total amount	\$ 1260.00	
11	Preservation amounts of	of the superannuation lump sum	
	Preserved amount	\$	
	Restricted non-preserved	\$	
	Unrestricted non-preserved	\$ 1260.00	
	Total amount	\$ 1260.00	
Se	ection D: Superar	nnuation provider's signature	
	Date the statement is is		
13	Member is to return sta	tement by AS SOON AS POSSIBLE	
14	Superannuation fund's,	ADF's, RSA's or annuity provider's signature	-
	M	azahir Khau	Date 09/08/2019

P	ART 2 - MEMBER TO COMPLETE		
S	ection E: Cash amount		
1	Pay me a gross cash amount of: \$ 1260.00 I understand that this amount may be subject to tax.		
	You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.	,	
S	ection F: Rollover payment	A 100.00	
2	Roll over my payment to: (provide the full name of fund, RSA or annuity pr	rovider)	
L			
3	Fund ABN		
4	Superannuation fund, ADF, RSA or annuity provider postal address:		
_	Superannuation fund, ADI, NOA of annuity provider postal address.		
	· · · · · · · · · · · · · · · · · · ·		
Sut	burb/town/locality	State/territory	Postcode
Ĺ			
5	Member account number		
_	Dell'account of the		
6	Roll over an amount of: \$		
_	ection G: Member's declaration	<u></u>	
٥	ection G. Member's declaration		
	I authorise my superannuation lump sum to be paid as instructed on this statement.		
	Name (print in block letters)		
	MAZAHIR KHAN		
	Signature		
	Mazahir Khau	Date	
	Mazana Knau	09/08/2019	
		00/00/2010	
	You should keep a copy of the statement for your		
	records for a period of five years.		

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PART 1 – SUPERANNUATION	PROVIDER TO COM	IPLE	TE	
Section A: Superannuation pro	vider details			
1 Superannuation fund, ADF, RSA or annui	ty provider name			
KHAN FAMILY SUPERANNUATION FUND				
2 Postal address				
21A LYNWOOD AVENUE				
Suburb/town/locality			State/territory	Postcode
KILLARA	- 	╛	NSW	2071
3 Australian business number (ABN) or wit	hholder payer number			
58576423183				•
4 Authorised contact person				
Title: MR				
Family name				
KHAN	· · · · · · · · · · · · · · · · · · ·			
First given name	Other given names		· · · · · · · · · · · · · · · · · · ·	
MAZAHIR				
5 Daytime phone number (include area code)	0400 040 099			
Section B: Member's details				
6 Your full name				
Title: MR				
Family name				
KHAN				
First given name	Other given names			
MAZAHIR				
7 Current postal address				
21A LYNWOOD AVENUE				
Suburb/town/locality			State/territory	Postcode
KILLARA			NSW	2071
8 Date of birth 03.IULY 1953	7			

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Se	ection C: Superar	nuation lump sun	n payment de	tails
9	Lump sum payment is calculated to this date	09 OCTOBER 2019		
10	Superannuation lump s	um components		
	Taxable component			
	Taxed element	\$ 6900.45		
	Untaxed element	\$		
	Tax-free component	\$ 5099.55		
	Total amount	\$ 12000.00		
11	Preservation amounts of	of the superannuation lump	sum	
	Preserved amount	\$		
	Restricted non-preserved	\$		
	Unrestricted non-preserved	\$ 12000.00		
	Total amount	\$ 12000.00		
Se	ection D: Superan	nuation provider's	s signature	
12	Date the statement is is	sued to the member 09/	10/2019	
13	Member is to return sta	tement by AS SOON AS F	POSSIBLE	
14	Superannuation fund's,	ADF's, RSA's or annuity pro	ovider's signature	1
	М	azahir Khau		Date 09/10/2019

P/	ART 2 - MEMBER TO COMPLETE
S	ection E: Cash amount
1	Pay me a gross cash amount of: \$ 12000.00 I understand that this amount may be subject to tax.
	You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.
S	ection F: Rollover payment
2	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
3 4	Fund ABN Superannuation fund, ADF, RSA or annuity provider postal address:
Sut	urb/town/locality State/territory Postcode
5	Member account number
6	Roll over an amount of: \$
S	ection G: Member's declaration
	I authorise my superannuation lump sum to be paid as instructed on this statement.
	Name (print in block letters)
	MAZAHIR KHAN Signature
	Mazahir Khau Date 09/10/2019
	You should keep a copy of the statement for your records for a period of five years

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE Section A: Superannuation provider details Superannuation fund, ADF, RSA or annuity provider name KHAN FAMILY SUPERANNUATION FUND Postal address 21A LYNWOOD AVENUE Suburb/town/locality State/territory Postcode KILLARA NSW 2071 Australian business number (ABN) or withholder payer number 58576423183 **Authorised contact person** MR Family name KHAN First given name Other given names MAZAHIR 0400 040 099 Daytime phone number (include area code) Section B: Member's details Your full name MR Title: Family name KHAN First given name Other given names MAZAHIR **Current postal address** 21A LYNWOOD AVENUE Suburb/town/locality State/territory Postcode KILLARA 2071 NSW Date of birth 03 JULY 1953

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Se	ction C: Superar	nuation lump sum payment de	tails
9	Lump sum payment is calculated to this date	08 NOVEMBER 2019	
10	Superannuation lump s	um components	
	Taxable component		
	Taxed element	\$ 14418.97	
	Untaxed element	\$	
	Tax-free component	\$ 10581.03	
	Total amount	\$ 25000.00	
11	Preservation amounts of	f the superannuation lump sum	
	Preserved amount	\$	
	Restricted non-preserved	\$	
	Unrestricted non-preserved	\$ 25000.00	
	Total amount	\$ 25000.00	
Se	ction D: Superan	nuation provider's signature	
12	Date the statement is is	sued to the member 08/11/2019	
13	Member is to return sta	tement by AS SOON AS POSSIBLE	
14	Superannuation fund's,	ADF's, RSA's or annuity provider's signature	ı
	M	azahir Khau	Data
	170	MEUNU ILNUN	Date Date
			08/11/2019

P	ART 2 – MEMBER TO COMPLETE
S	ection E: Cash amount
1	Pay me a gross cash amount of: \$ 25000.00 I understand that this amount may be subject to tax.
	You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.
S	ection F: Rollover payment
2	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
3	Fund ABN
4	Superannuation fund, ADF, RSA or annuity provider postal address:
Sub	urb/town/locality State/territory Postcode
5	Member account number
6	Roll over an amount of: \$
S	ection G: Member's declaration
	I authorise my superannuation lump sum to be paid as instructed on this statement.
	Name (print in block letters)
	MAZAHIR KHAN
	Signature
	Mazahir Khau Date 08/11/2019
	You should keep a copy of the statement for your records for a period of five years.

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PART 1 – SUPERANNUATION	PROVIDER TO CO	MPL	ETE.	
Section A: Superannuation pro	ovider details			
1 Superannuation fund, ADF, RSA or annu	ity provider name			
KHAN FAMILY SUPERANNUATION FUND				
2 Postal address			<u></u>	
21A LYNWOOD AVENUE				
Suburb/town/locality			State/territory	Postcode
KILLARA			NSW	2071
3 Australian business number (ABN) or wit	thholder naver number			,
58576423183	umoider payer number			
4 Authorised contact person				
Title: MR			·	
Family name				
KHAN First given name	Other siver names			
MAZAHIR	Other given names			
MAZATIK				-
5 Daytime phone number (include area code)	0400 040 099			
Section B: Member's details				
6 Your full name				
Title: MR				
Family name				
KHAN				
First given name	Other given names			
MAZAHIR				
7 Current postal address			·	
21A LYNWOOD AVENUE				
Suburb/town/locality		$\overline{}$	State/territory	Postcode
KILLARA			NSW	2071
8 Date of birth 03 JULY 1953				

Se	ection C: Superar	nuation lump su	m payment del	tails
9	Lump sum payment is calculated to this date	25 MAY 2020		
10	Superannuation lump s	um components		
	Taxable component			
	Taxed element	\$ 47296.42		
	Untaxed element	\$		
	Tax-free component	\$ 32703.58		
	Total amount	\$ 80000.00		
11	Preservation amounts of	of the superannuation lum	np sum	
	Preserved amount	\$ 31794.14		
	Restricted non-preserved	\$		
	Unrestricted non-preserved	\$ 48205.86		
	Total amount	\$ 80000.00		
Se	ection D: Superar	nuation provide	's signature	
12	Date the statement is is	sued to the member 2	5/05/2020	
13	Member is to return sta	tement by AS SOON AS	POSSIBLE	
14	Superannuation fund's,	ADF's, RSA's or annuity p	rovider's signature	
	M	azahir Khau		Date 25/05/2020

P	ART 2 – MEMBER TO COMPLETE
S	ection E: Cash amount
1	Pay me a gross cash amount of: \$80000.00 I understand that this amount may be subject to tax.
	You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.
S	ection F: Rollover payment
2	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
3	Fund ABN
J	
4	Superannuation fund, ADF, RSA or annuity provider postal address:
Suk	ourb/town/locality State/territory Postcode
5	Member account number
6	Roll over an amount of: \$
S	ection G: Member's declaration
	I authorise my superannuation lump sum to be paid as instructed on this statement.
	Name (print in block letters)
	MAZAHIR KHAN
	Signature
	Mazahir Khau Date 25/05/2020
	You should keep a copy of the statement for your records for a period of five years

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PART 1 - SUPERANNUATION	PROVIDER TO CO	MPLETE	•
Section A: Superannuation pro	vider details		
1 Superannuation fund, ADF, RSA or annui	ty provider name		
KHAN FAMILY SUPERANNUATION FUND	y processor manne		
2 Postal address			
21A LYNWOOD AVENUE			
Suburb/town/locality		State/territory	Postcode
KILLARA		NSW	2071
3 Australian business number (ABN) or wit	hholder paver number		
58576423183	,		
4 Authorised contact person			
Title: MR	· · · · · · · · · · · · · · · · · · ·		
Family name			
KHAN			
First given name	Other given names		
MAZAHIR	·		
5 Daytime phone number (include area code)	0400040099		
Section B: Member's details 6 Your full name			
Title: MR			
Family name			
KHAN	Other diverse		
First given name	Other given names		
MAZAHIR			
7 Current postal address			
21A LYNWOOD AVENUE			
L Suburb/town/locality		State/territory	Postcode
KILLARA		NSW	2071
8 Date of birth 03 JULY 1953	٦		

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Se	ection C: Superar	nnuation lump sum payment de	tails
9	Lump sum payment is calculated to this date	09 JUNE 2020	
10	Superannuation lump so	sum components	
	Taxed element	\$ 13835.68	
	Untaxed element	\$	
	Tax-free component	\$ 9464.32	
	Total amount	\$ 23300.00	
11	Preservation amounts	of the superannuation lump sum	
	Preserved amount	\$ 20626.87	
	Restricted non-preserved	\$	
	Unrestricted non-preserved	\$ 2673.13	
		· ·	
	Total amount	\$ 23300.00	
 S∈		nnuation provider's signature	
		nnuation provider's signature	
12	ection D: Superar	nnuation provider's signature ssued to the member 9 JUNE 2020	
12 13	ection D: Superar Date the statement is is Member is to return sta	nnuation provider's signature ssued to the member 9 JUNE 2020	
12 13	ection D: Superar Date the statement is is Member is to return state Superannuation fund's,	nnuation provider's signature ssued to the member 9 JUNE 2020 stement by AS SOON AS POSSIBLE ADF's, RSA's or annuity provider's signature	
12 13	ection D: Superar Date the statement is is Member is to return state Superannuation fund's,	nnuation provider's signature ssued to the member 9 JUNE 2020 atement by AS SOON AS POSSIBLE	Date 9 JUNE 2020

P	ART 2 - MEMBER TO COMPLETE
S	ection E: Cash amount
1	Pay me a gross cash amount of: \$ 23300 I understand that this amount may be subject to tax.
	You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.
_ Se	ection F: Rollover payment
2	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
3	Fund ABN
4	Superannuation fund, ADF, RSA or annuity provider postal address:
Sub	ourb/town/locality State/territory Postcode
5	Member account number
6	Roll over an amount of: \$
S	ection G: Member's declaration
	I authorise my superannuation lump sum to be paid as instructed on this statement.
	Name (print in block letters)
	MAZAHIR KHAN
	Signature
	Mazahir Khau Date 9 JUNE 2020
	You should keep a copy of the statement for your records for a period of five years.

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PART 1 - SUPERANNUATION	PROVIDER TO COM	PLEIE	
Section A: Superannuation pro	ovider details		
1 Superannuation fund, ADF, RSA or annui	itv provider name		
KHAN FAMILY SUPERANNUATION FUND			
2 Postal address			
21A LYNWOOD AVENUE			
Suburb/town/locality	·····	State/territory	Postcode
KILLARA	· ·-	NSW	2071
2 Australia husinga mumbar (ADN) ar usi			
3 Australian business number (ABN) or wit 58576423183	unloider payer number		
36376423163			
4 Authorised contact person			
Title: MR			
Family name			
KHAN			
First given name	Other given names		
MAZAHIR			
5 Daytime phone number (include area code)	0400040099		
Section B: Member's details			
6 Your full name			
Title: MR			
Family name			
KHAN			
First given name	Other given names		
MAZAHIR			
7 Current postal address			
21A LYNWOOD AVENUE			
Suburb/town/locality		State/territory	Postcode
KILLARA		NSW	2071
		J	
8 Date of birth 03 JULY 1953			

Se	ection C: Superar	nuation lump sum payment details			
9	Lump sum payment is calculated to this date	30 JUNE 2020			
10	Superannuation lump s Taxable component	um components			
	Taxed element	\$ 49874.15			
	Untaxed element	\$			
	Tax-free component	\$ 32690.85			
	Total amount	\$ 82565.00			
11	Preservation amounts of	of the superannuation lump sum			
	Preserved amount	\$ 72459.82			
	Restricted non-preserved	\$			
	Unrestricted non-preserved	\$ 10105.18			
	Total amount	\$ 82565.00			
Se	ection D: Superar	nuation provider's signature			
12	Date the statement is is	ssued to the member 30 JUNE 2020			
13	Member is to return sta	tement by AS SOON AS POSSIBLE			
14	Superannuation fund's, ADF's, RSA's or annuity provider's signature				
	Mo	Date 30 JUNE 2020			

>€	ection E: Cash amount
	Pay me a gross cash amount of: \$82565.00 I understand that this amount may be subject to tax.
	You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.
36	ection F: Rollover payment
_	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
	Fund ABN
	Superannuation fund, ADF, RSA or annuity provider postal address:
_	
ıb	urb/town/locality State/territory Postcode
_	
	Member account number
	Roll over an amount of:
	Roll over an amount of: \$
_	
- }(Roll over an amount of: \$ection G: Member's declaration
- -	
- -	ection G: Member's declaration
	ection G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement.
.	ection G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. Name (print in block letters)
}€	ection G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. Name (print in block letters) MAZAHIR KHAN Signature
	ection G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. Name (print in block letters) MAZAHIR KHAN
	ection G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. Name (print in block letters) MAZAHIR KHAN Signature