ACCOUNT STATEMENT

Customer Enquiries 13 11 33



Marilou Camilleri 62 Greig Drive MERNDA VIC 3754

Borrowers/Guarantors

Loan Account Number:

3340260

C.T.K Camilleri Super Fund Charles James Camilleri Marilou Camilleri

Start Date:
Opening Rate:
Monthly Repayment:
Default Rate (if applicable):
BPAY Biller Code:

29 January 2020 End Date:

6.15% Closing Rate: \$1,839.41 Account Status:

8.15% Payment Frequency: 64956 BPAY CRN:

29 January 2021 6.15% Current

Monthly 33402603

Account Summary as at 29 January 2021

Opening Balance	+	Interest Charged	+	Other Debits	_	Total Credits	=	Closing Balance
\$0.00		\$10,650.49		\$297,705.00		\$13,370.87		\$294,984.62

Get online today!

Access your statements online. Simply log on to Liberty Customer Online to view. You can also:

· Withdraw funds

Pay bills

Make BPAY payments

To setup an online account in minutes, please visit activate.liberty.com.au.

Building Insurance for your Property

Insurance helps you mitigate the risk of financial loss in events such as fire or storm. It is also a requirement of your loan contract that you have building insurance for your property. Please ensure a copy of your current certificate has been provided, noting Secure Funding Pty Ltd. Fees may apply if a current certificate is not on file. To update your account, send your certificate to service@liberty.com.au.

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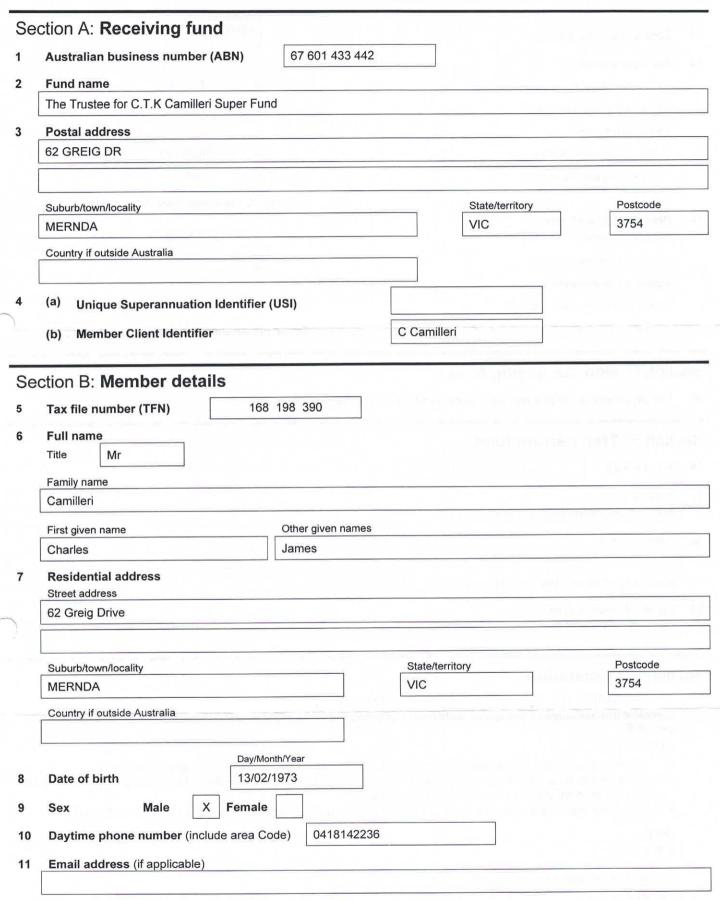
Withdraw funds

Pay bills
 Make BPAY payments

To setup an online account in minutes, please visit activate.liberty.com.au.

Date	Transaction	Debit	Credit	Balance
25/01/21	Direct Debit Repayment		-\$1,839.41	\$294,984.62
25/01/21	Service Fee	\$30.00		\$296,824.03
25/01/21	Interest Charged	\$1,541.23		\$296,794.03
25/12/20	Service Fee	\$30.00		\$295,252.80
25/12/20	Interest Charged	\$1,489.66		\$295,222.80
24/12/20	Direct Debit Repayment		-\$1,839.41	\$293,733.14
25/11/20	Direct Debit Repayment		-\$1,839.41	\$295,572.55
25/11/20	Service Fee	\$30.00		\$297,411.96
25/11/20	Interest Charged	\$1,541.04		\$297,381.96
25/10/20	Service Fee	\$30.00		\$295,840.92
25/10/20	Interest Charged	\$1,492.31		\$295,810.92
23/10/20	Direct Debit Repayment		-\$1,839.41	\$294,318.61
25/09/20	Direct Debit Repayment		-\$1,839.41	\$296,158.02
25/09/20	Service Fee	\$30.00		\$297,997.43
25/09/20	Interest Charged	\$1,544.07		\$297,967.43
25/08/20	Direct Debit Repayment		-\$1,839.41	\$296,423.36
25/08/20	Service Fee	\$30.00		\$298,262.77
25/08/20	Interest Charged	\$1,545.44		\$298,232.77
25/07/20	Service Fee	\$30.00		\$296,687.33
25/07/20	Interest Charged	\$1,496.74		\$296,657.33
24/07/20	Direct Debit Repayment		-\$1,839.41	\$295,160.59
26/06/20	SMSF Review Fee	\$695.00		\$297,000.00
26/06/20	Search Fees	\$10.00		\$296,305.00
25/06/20	Loan Advance - EFT	\$296,295.00		\$296,295.00
04/06/20	Application Fee	\$495.00		\$0.00
04/06/20	Fee Receipt		-\$495.00	\$-495.00
	Totals	\$308,355.49	-\$13,370.87	

Rollover benefits statement





Se	ction C: Rollover transaction details			
12	Service period start date		Month/Year /01/1991	
13	Tax components:			
	Tax-free component	\$	396.49	r== 1
	KiwiSaver tax-free component	\$	0.00	
	Taxable component:			
	Element taxed in the fund	\$	216,304.51	
	Element untaxed in the fund	\$	0.00	
	TO		ax components \$	216,701.00
14	Preservation amounts:	76	1	5.5.
	Preserved amount	\$	216,181.57	
	KiwiSaver preserved amount	\$	0.00	
	Restricted non-preserved amount	\$	519.43	
	Unrestricted non-preserved amount	\$	0.00	
	TOTAL	Preser	vation amounts \$	216,701.00
Se	ction D: Non-complying funds			
15	Contributions made to a non-complying fund on or after 10 May 2006	\$	0.00	
16 17	Fund's ABN 74 559 365 913 Fund's name MTAA SUPERANNUATION FUND			
18	Contact name MTAA Contact Centre			
19	Daytime phone number (include area Code) 1300 362 415]	
20	Email address (if applicable) contact@mtaasuper.com.au			1
Se	ction F: Declaration			
	AUTHORISED REPRESENTATIVE DECLARATION: Complete this declaration if you are an authorised representative of the supsection E. I declare that: I have prepared the statement with the information supplied by I have received a declaration made by the superannuation provide preparation of this statement is true and correct I am authorised by the superannuation provider to give the information.	the su ider th	perannuation prov aat the information	ider provided to me for
	Name			
	JOE NEKIC			
	Authorised representative signature			
	JOE NEKIC			
				Day / Month / Year
			Date	12/02/2020
			Date	12/02/2020

Rollover benefits statement

Australian business number (ABN)	67 601 433 442							
Fund name								
The Trustee for C.T.K Camilleri Super Fur	nd							
Postal address								
62 GREIG DR			*					
Suburb/town/locality		State/territory	Postcode					
MERNDA		VIC	3754					
Country if outside Australia		1						
(a) Unique Superannuation Identifier	(USI)	The state of the s						
(b) Member Client Identifier	1							
ction B: Member details		the set principles	MARKET THE					
Tax file number (TFN) 157	938 233							
Full name								
Title Ms								
Camilleri								
First given name	Other given names							
Marilou	outor given names		- vitt in links					
Residential address								
Residential address Street address								
Street address								
Street address	St	ate/territory	Postcode					
Street address 62 Greig Drive	St: VI		Postcode 3754					
Street address 62 Greig Drive Suburb/town/locality								
Street address 62 Greig Drive Suburb/town/locality MERNDA								
Street address 62 Greig Drive Suburb/town/locality MERNDA Country if outside Australia	nth/Year							
Street address 62 Greig Drive Suburb/town/locality MERNDA Country if outside Australia	nth/Year							
Street address 62 Greig Drive Suburb/town/locality MERNDA Country if outside Australia	nth/Year /1971							
Street address 62 Greig Drive Suburb/town/locality MERNDA Country if outside Australia Day/Mor 31/12/	nth/Year /1971							
Street address 62 Greig Drive Suburb/town/locality MERNDA Country if outside Australia Day/Mor 31/12/ Sex Male Female	nth/Year /1971							



Se	ction C: Rollover transaction details				
	and a real and a surface and a	Dav/M	fonth/Year		
2	Service period start date		10/1996		
3	Tax components:				
	Tax-free component	s	3,503.11		
	KiwiSaver tax-free component	\$	0.00		
	Taxable component:	Ψ			
	Element taxed in the fund	\$	132,994.0	1	
	Element untaxed in the fund	\$	0.00		
		TOTAL T	ax component	s ¢	136,497.12
ı	Preservation amounts:	O I ALL II	ax component	.S .	130,437.12
	Preserved amount	\$	136,497.12	2	
	KiwiSaver preserved amount	\$	0.00	4	
	Restricted non-preserved amount	\$	0.00		
	Unrestricted non-preserved amount	\$	0.00		
	TOTAL	L Preserv	ation amount	s \$	136,497.12
e	ction D: Non-complying funds				
e	Contributions made to a non-complying fund on or after 10 May 2006 ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND	\$		0.00	
Sec 6 7	ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name	\$		0.00	
6e0	ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND	\$		0.00	
6e 6	Ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name Daytime phone number (include area Code)	\$		0.00	
6e0	Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name	\$		0.00	
e	Ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name Daytime phone number (include area Code)	\$		0.00	
66 7 88 99	Ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name Daytime phone number (include area Code)	\$		0.00	
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6e0	Etion E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name Daytime phone number (include area Code) Email address (if applicable) Etion F: Declaration AUTHORISED REPRESENTATIVE DECLARATION: Complete this declaration if you are an authorised representative of the su section E. I declare that:	perannu		other pi	
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e	Etion E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name Daytime phone number (include area Code) Email address (if applicable) Etion F: Declaration AUTHORISED REPRESENTATIVE DECLARATION: Complete this declaration if you are an authorised representative of the su section E. I declare that: I have prepared the statement with the information supplied by I have received a declaration made by the superannuation protection of this statement is true and correct	perannu the supvider the	perannuation at the inform	other pi	der provided to me fo
e (6)	Ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name Daytime phone number (include area Code) Email address (if applicable) Ction F: Declaration AUTHORISED REPRESENTATIVE DECLARATION: Complete this declaration if you are an authorised representative of the su section E. I declare that: I have prepared the statement with the information supplied by I have received a declaration made by the superannuation provide the preparation of this statement is true and correct I am authorised by the superannuation provider to give the information Name JOE NEKIC	perannu the supvider the	perannuation at the inform	other pi	der provided to me fo
6e6	Etion E: Transferring fund Fund's ABN	perannu the supvider the	perannuation at the inform	other pi	der provided to me fo
6e6	Ction E: Transferring fund Fund's ABN 68 657 495 890 Fund's name HOSTPLUS SUPERANNUATION FUND Contact name Daytime phone number (include area Code) Email address (if applicable) Ction F: Declaration AUTHORISED REPRESENTATIVE DECLARATION: Complete this declaration if you are an authorised representative of the su section E. I declare that: I have prepared the statement with the information supplied by I have received a declaration made by the superannuation provide preparation of this statement is true and correct I am authorised by the superannuation provider to give the info Name JOE NEKIC Authorised representative signature	perannu the supvider the	perannuation at the inform	other pi	der provided to me fo