To the trustee of the McFARLANE SUPERANNUATION FUND 29 Alice Street, Wellington Point Queensland 4160

**Dear Trustees** 

#### **Audit Engagement Letter**

# **Objectives and Scope of the Audit**

You have requested that we audit the financial statements of the McFARLANE SUPERANNUATION FUND for the year ended 30/06/2022. We are pleased to confirm our acceptance and understanding of this engagement by means of this letter.

Our audit will be performed in accordance with Australian Auditing Standards, the Superannuation Industry (Supervision) Act 1993 (SISA) and the Superannuation Industry (Supervision) Regulations (SISR) with the objective of expressing an opinion on the financial report and the fund's compliance with the specified requirements of the SISA and the SISR.

# **Our Responsibilities**

We will conduct our audit in accordance with Australian Auditing Standards. Those Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance as to whether the financial report is free from material misstatement.

An audit involves performing audit procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. An audit also includes evaluating the appropriateness of the financial reporting framework, accounting policies used and the implementation and operation of accounting and internal control systems that are designed to prevent and detect fraud and error, as well as evaluating the overall presentation of the financial report.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatement may not be detected, even though the audit is properly planned and performed in accordance with Australian Auditing Standards.

In making our risk assessments, we consider internal control relevant to the entity's preparation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. We will, however, communicate to you in writing any significant deficiencies in internal control relevant to the audit of the financial report that we have identified during the audit.

#### **Trustees' Responsibilities**

Our audit will be conducted on the basis that the Trustee(s) acknowledge and understand that they have responsibilities:

- For the preparation of the financial report that gives a true and fair view in accordance with the Australian Auditing Standards, other mandatory reporting requirements and the SIS Act and SIS Regulations is that of the Trustee(s);
- For such internal control as the Trustee(s) determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error; and

- To provide us with:
  - Access to all information of which the Trustees are aware that is relevant to the preparation of the financial report such as records, documentation and other matters;
  - Additional information that we may request from the Trustees for the purpose of the audit; and
  - Unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

As part of our audit process, we will request from Trustees written confirmation concerning representations made to us in connection with the audit.

Australian Auditing Standards require that we determine whether the financial reporting framework applied in the preparation of this special purpose of financial report is acceptable. If we determine the financial reporting framework to be unacceptable, we will not be able to undertake the audit engagement unless the framework is amended and then determined to be acceptable.

If a qualified audit report is to be issued following the completion of our audit, we will advise the details to you in a timely manner and prior to the issue of our report.

#### **Audit of SIS Compliance**

For the year ended 30/06/2022, we are required to form an opinion in respect of compliance with certain aspects of SIS. Our report must refer to the following sections and regulations:

Sections: 17A, 35AE, 35B, 35C(2), 52, 62, 65, 66, 67, 67A, 67B, 82-85, 103, 104, 104A, 105, 109, 126K

Regulations: 1.06(9A), 4.09, 4.09A, 5.03, 5.08, 6.17, 7.04, 8.02B, 13.12, 13.13, 13.14, 13.18AA, 13.22C

# **Report on Significant Matters**

Under section 129 of the SISA we are required to report to you in writing if during the course of, or in connection with, our audit, we become aware of any contravention of the Act or Regulations which we believe has occurred, is occurring or may occur.

We are also required to report to the ATO, as regulator, any contravention of the SISA and the SISR, where we believe the contravention may affect the interests of the members of beneficiaries of the fund.

In addition, we are also required under section 130 to report to you if we believe the superannuation fund may be, or may be about to become, in an unsatisfactory financial position. If we are not satisfied with your response as Trustee(s) as to the action taken to rectify the situation or we receive no response, we are obliged to report the matter to the ATO.

A failure on the part of the Trustee to rectify these breaches to the satisfaction of the ATO may result in significant penalties to the Trustee and the fund itself.

In addition to our report on the financial statements, we will also report to you any material weaknesses in the fund's system of accounting and internal control which come to our notice during the course of our audit.

# **Quality Control**

The conduct of our audit in accordance Australian Auditing Standards means that information acquired by us in the course of our audit is subject to strict confidentiality requirements. Information will not be disclosed by us to other parties except as required or allowed for by law or professional standards, or with your expressed consent.

Our audit files may, however, be subject to review as part of the quality control review program of Regulators and or Professional Bodies which monitors compliance with professional standards by its members.

We advise you that by signing this letter you acknowledge that, if requested, our audit files relating to this audit will be made available under this program. Should this occur, we will advise you. The same strict confidentiality requirements apply under this program as apply to us as your auditor.

# **Independence/Conflict of Interest**

We have established policies and procedures designed to ensure our independence, including policies on holding financial interests in the superannuation fund and other related parties, rotation of audit partners, business relationships, employment relationships, and the provision of non-audit services in accordance with professional statement APES 110 – Code of Ethics for Professional Accountants.

#### **Outsourced Services**

We do not use any outsourced services in overseas locations when conducting client assignments.

# **Data Storage**

We use data storage located in the office but it may be replicated to other locations.

Accepting our services as part of this engagement agreement indicates your acceptance of the use of outsourced services, cloud hosted software and outsourced data storage under the conditions outlined above.

### **Limitation of Liability**

Our firm's liability to you or any other user of the audit report is limited by a Scheme approved under Professional Standards Legislation.

#### Other

We would appreciate acknowledgement of terms and conditions set out in this letter. Please note that this letter will be effective for future years unless the terms of the engagement are altered by future correspondence.

Please sign and return the attached copy of this letter to indicate that it is in accordance with your understanding of the arrangements for our audit of the financial report.

If you have any queries in relation to this please contact me.

Yours sincerely

ANTHONY BOYS - REGISTERED COMPANY AUDITOR

To: MR ANTHONY BOYS

I/We hereby confirm your appointment as Auditor under the above terms of engagement.

For and on behalf of the Trustee(s) of the McFARLANE SUPERANNUATION FUND

SIGNED:

Barry McFarlane

Alana McFarlane

**DATED:** 14 / 01 / 2022

Mr Anthony Boys PO Box 3376 Rundle Mall SA 5000

Dear Anthony,

# McFARLANE SUPERANNUATION FUND Superannuation Fund Trustee Representation Letter

In connection with your audit examination of the financial report of **McFARLANE SUPERANNUATION FUND** ('the Fund') for the year ended 30/06/2022, we hereby confirm, at your request that to best of our knowledge and belief, the following representation relating to the accounts are correct.

#### **Financial Report**

We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter, for the preparation of the financial report.

The Trustees have determined that the Fund is not a reporting entity for the year ended 30/06/2022 and that the requirement to apply Australian Accounting Standards and other mandatory reporting requirements do not apply to the fund. Accordingly, the financial report prepared is a special purpose financial report, which is for distribution to members of the fund and to satisfy the requirement of the SISA and the SISR, and to confirm that the financial report is free of material misstatements, including omissions.

We confirm, to the best of our knowledge and belief, the following representations are made to you during your audit.

# **Sole Purpose**

The fund has been maintained for the sole purpose of providing superannuation benefits to its members and their dependents.

# **Superannuation Fund Books/Records/Minutes**

- (a) We have made available to you all financial records and related data, other information, explanations and assistance necessary for the conduct of the audit.
- (b) We have made available to you Minutes of all Trustee(s)' meetings and the Trust Deed.
- (c) We have established and maintained an adequate internal control structure to facilitate the preparation of reliable financial statements, and adequate financial records have been maintained. There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements.
- (d) We have no plans or intentions that may materially affect the carrying values, or classification, of assets and liabilities.
- (e) Records maintained during the period were in accordance with the Australian Taxation Office requirements.

# **Asset Form**

The assets of the superannuation fund are being held in a form suitable for the benefit of the members of the fund, and have been held in accordance with the fund's investment strategy.

#### **Ownership and Pledging of Assets**

The superannuation fund has satisfactory title to all assets disclosed in the Statement of Financial Position. Investments are registered in the name of the Trustee(s).

No assets of the superannuation fund have been pledged to secure liabilities of the superannuation fund or of others.

# Investments

- (a) We have considered the requirement of generally accepted accounting standards in regards to impairment of assets when assessing the impairment of assets and in ensuring that no assets are stated in excess of their recoverable amount.
- (b) There are no commitments, fixed or contingent, for the purchase or sale of long-term investments that have not been disclosed in the financial statements.

- (c) The investment strategy has been determined with due regard to risk, return, liquidity, diversity and the insurance needs of fund members, and the assets of the fund are in line with this strategy.
- (d) All investments are acquired, maintained and disposed of on an arm's length basis.

#### **Trust Deed**

The superannuation fund is being conducted in accordance with its Trust Deed.

The superannuation fund has satisfactory title to all assets disclosed in the Statement of Financial Position. Investments are registered in the name of the Trustee(s).

No assets of the superannuation fund have been pledged to secure liabilities of the superannuation fund or of others.

### Superannuation Industry (Supervision) Act and Regulations

- (a) The fund meets the definition of a self-managed superannuation fund under the SISA.
- (b) The fund has been conducted in accordance with the SISA, the SISR and its governing rules at all times during the year. Also there were no amendments to the governing rules during the year, except as notified to you.
- (c) The fund is being conducted in accordance with the SISA and the SISR, in particular the relevant requirements of the following provisions:
  - Sections: 17A, 35AE, 35B, 35C(2), 62, 65, 66, 67,67A, 67B, 82-85, 103, 104, 104A, 105, 109, 126K Regulations: 1.06(9A), 4.09, 4.09A, 5.03, 5.08, 6.17, 7.04, 8.02B, 13.12, 13.13, 13.14, 13.18AA
- (d) The Trustee(s) have been nominated and may only be removed in such manner and circumstances as are allowed in the Trust Deed.
- (e) The Trustees are not disqualified persons under s126K of the SISA.
- (f) Any vacancy among the Trustee(s) is filled in accordance with the Trust Deed.
- (g) The Trustee(s) have complied with all Trustee standards set out in SISR and the covenant prescribed by section 52 of the SISA.
- (h) The Trustee(s) have complied with all investment standards set out in the SISA and the SISA.
- (i) Information retention obligations have been complied with.
- (j) All contributions accepted and benefits paid have been in accordance with the governing rules of the fund and relevant provisions of the SISA and the SISR.

There are no breaches or possible breaches of the SIS legislation whose effects should be considered for disclosure in the financial report or to the Australian Taxation Office.

## **Commitments**

- (a) There are no material commitments for construction or acquisition of property, plant and equipment to acquire other non-current assets, such as investments or intangibles, other than those disclosed in the financial report.
- (b) There were no commitments for purchase or sale of securities or assets or any options given by the fund including options over share capital.

#### **Taxation**

- (a) We have calculated income tax expense, current tax liability, deferred tax liability and deferred tax asset according to the definitions of taxable income and allowable deductions. We have calculated and recognised all other applicable taxes according to the relevant tax legislation.
- (b) There are no activities that invoke the anti-avoidance provisions of any applicable tax legislation.

# **Borrowings**

The Trustees have not borrowed money on behalf of the superannuation fund with the exception of borrowings which were allowable under the SIS Act and the SIS Regulations.

#### **Related Parties**

- (a) The fund has not made any loans to, or provided financial assistance to members of the fund or their relatives.
- (b) No asset has been acquired from a member or related party other than as permitted under the SISA and the SISR.

(c) Related party transactions and related amounts receivable or payable have been properly disclosed in the financial statements.

### **Accounting Misstatement Detected by Audit**

There has been no misstatement noted by audit during the course of the current year audit.

#### Insurance

The superannuation fund has an established procedure whereby an officer reviews at least annually the adequacy of insurance cover on all assets and insurable risks where relevant. This review has been performed and where it is considered appropriate, assets and insurable risks of the superannuation fund are adequately covered by insurance.

### **Accounting Estimates**

We confirm the significant assumptions used in making accounting estimates are reasonable.

#### **Fair Value Measurements and Disclosures**

We confirm that significant assumptions used in fair value measurements and disclosures are reasonable and appropriately reflect our intent and ability to carry out specific courses of action on behalf of the fund.

### **Going Concern**

In the opinion of the Trustees there are reasonable grounds to believe that the superannuation fund will be able to:

- Pay its debts as and when they fall due.
- Continue as a going concern for the foreseeable future.

We, therefore, confirm that the going concern basis is appropriate for the financial report.

#### **Events after Balance Sheet Date**

We are not aware of any events that have occurred between the financial reporting date to the date of this letter that we need to disclose or recognise in the financial report.

# **Comparative Information**

We confirm that there have been no restatements made to correct a material misstatement in the prior period financial report that affects the comparative information.

#### Fraud and Error

- (a) There has been no:
  - (i) Fraud, error, or non-compliance with laws and regulations involving management or employees who have a significant role in the internal control structure.
  - (ii) Fraud, error, or non-compliance with laws and regulations that could have a material effect on the financial report.
  - (iii) Communication from regulatory agencies concerning non-compliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial report.
- (b) The superannuation fund has disclosed to the auditor all significant facts relating to any frauds or suspected frauds known to management that may have affected the superannuation fund.
- (c) The superannuation fund has disclosed to the auditor the results of its assessment of the risk that the financial report may be materially misstated as a result of fraud.

#### **Legal Matters**

We confirm that all matters that may result in legal action against the fund or the Trustees in respect of the fund, have been discussed with a solicitor and brought to the attention of the auditor so that a solicitor's representation letter may be obtained.

#### General

- (a) Neither the superannuation fund nor any Trustees have any plans or intentions that may materially affect the book value or classification of assets and liabilities at balance sheet date.
- (b) The superannuation fund accepts responsibility for the implementation and operations of accounting and internal control systems that are designed to prevent and detect fraud and error. We have established and maintained adequate internal control to facilitate the preparation of a reliable financial report, and adequate financial records have been maintained. There are no material transactions that have not been properly recorded in the accounting records underlying the financial report.

- (c) There are no violations or possible violations of laws or regulations whose effects should be considered for disclosure in the financial report or as a basis for recording an expense.
- (d) The superannuation fund has complied with all aspects of contractual agreements that would have a material effect on the financial report in the event of non-compliance.

We understand that your examination was made in accordance with the Australian Auditing Standards and was, therefore, designed primarily for the purpose of expressing an opinion on the financial report of the fund taken as a whole, and that your tests of the financial records and other auditing procedures were limited to those which you considered necessary for that purpose.

#### **Additional Matters**

There are no additional matters.

Signed by the Trustee(s) of the McFARLANE SUPERANNUATION FUND

Barry McFarlane

Trustee

Alana McFarlane

Trustee

# McFARLANE SUPERANNUATION FUND

# **Trustees Declaration**

The trustees have determined that the fund is not a reporting entity and that the special purpose financial statements should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The trustees declare that:

- (i) the financial statements and notes to the financial statements for the year ended 30 June 2022 present fairly, in all material respects, the financial position of the superannuation fund at 30 June 2022 and the results of its operations for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements;
- (ii) the financial statements and notes to the financial statements have been prepared in accordance with the requirements of the trust deed; and
- (iii) the operation of the superannuation fund has been carried out in accordance with its trust deed and in compliance with the requirements of the Superannuation Industry (Supervision) Act 1993 and associated Regulations during the year ended 30 June 2022.

Signed in accordance with a resolution of the trustees by:

Barry McFarlane	Fo-line
Trustee	<u></u>
Alana McFarlane	
Trustee	
	14 / 01 / 2022
Dated this	day of

# McFARLANE SUPERANNUATION FUND

# **Contributions Summary Report**

For The Period 01 July 2021 - 30 June 2022

# Alana McFarlane

Date of Birth: Provided
Age: 61 (at year end)
Member Code: MCFALA00001A
Total Super Balance\*1 as at 30/06/2021: 887,836.23

Contributions Summary Concessional Contribution	2022	2021
Employer	0.00	2,161.26
	0.00	2,161.26
Other Contribution		
Any Other	0.00	123.60
	0.00	123.60
Total Contributions	0.00	2,284.86

I, ALANA MCFARLANE, confirm that the amounts reported above are the total contributions deposited to the fund with respect of my member balance for the period 01/07/2021 to 30/06/2022.

ALANA MCFARLANE

<sup>\*1</sup> TSB can include information external to current fund's transaction records. The amount is per individual across all funds.

# Self-managed superannuation fund annual return 2021

To complete this annual return

this	ly self-managed superannuation funds (SMSFs) can complete annual return. All other funds must complete the Fund ome tax return 2021 (NAT 71287).  The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return.  The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).	■ Print clearly, using a BLACK pen only.  ■ Use BLOCK LETTERS and print one character per box.  ③ M / T # ⑤ T □ □ □  ■ Place X in ALL applicable boxes.   Postal address for annual returns:  Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]  For example;  Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001
_ Se	ection A: <b>Fund information</b>	
1	Tax file number (TFN) Provided	To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9.
_	_	re not obliged to quote your TFN but not quoting it could increase turn. See the Privacy note in the Declaration.
2	Name of self-managed superannuation fund (SMS	F)
М	CFARLANE SUPERANNUATION FUND	
_		
3	Australian business number (ABN) (if applicable) 958	529540290
4	Current postal address	
P	O Box 24	
		-
	ourb/town eveland	State/territory Postcode QLD 4163
5	Annual return status Is this an amendment to the SMSF's 2021 return?	A No X Yes
	Is this the first required return for a newly registered SMSF?	B No X Yes

Who should complete this annual return?

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Doc ID: 34c9c996357764ad68d8a684c0b44d0e39b21178

Tax File Number	rovided
6 SMSF auditor	
Auditor's name	
Title: Mr X Mrs Miss Ms Other	
Family name	
Boys	
First given name Other given names	1
Anthony William	
SMSF Auditor Number Auditor's phone number	
[100014140 [61410712708	
Postal address	
PO Box 3376	
Suburb/town State/terr	itory Postcode
Rundle Mall SA	5000
Day Month Year	
Date audit was completed A / /	
Was Part A of the audit report qualified?  B No X Yes	
Was Part B of the audit report qualified? C No X Yes	
If Part B of the audit report was qualified,	
have the reported issues been rectified?  D No Yes	
<ul> <li>Flectronic funds transfer (EFT)</li> <li>We need your self-managed super fund's financial institution details to pay any super payments and tax ref</li> <li>Fund's financial institution account details</li> </ul>	unds owing to you.
This account is used for super contributions and rollovers. Do not provide a tax agent account here	<u>.                                      </u>
Fund BSB number 084435 Fund account number 662885362	
Fund account name	
McFarlane Superannuation Fund	
<u> </u>	
I would like my tax refunds made to this account. $\overline{\mathbf{X}}$ $lacksquare$ Go to C.	
B Financial institution account details for tax refunds	
This account is used for tax refunds. You can provide a tax agent account here.	
BSB number Account number	
Account name	
L	
C Electronic service address alias	
Provide the electronic service address alias (ESA) issued by your SMSF messaging provider.	
(For example, SMSFdataESAAlias). See instructions for more information.	
BGLSF360	

	Tax File Number Provided					
8	Status of SMSF  Australian superannuation fund A No Yes X  Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?  C No Yes X  Fund benefit structure B A Code					
9	Was the fund wound up during the income year?  No Yes X   If yes, provide the date on which the fund was wound up 17 / 12 / 2021   Have all tax lodgment and payment obligations been met? No Yes X					
10	Exempt current pension income  Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?					
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A.					
	No Go to Section B: Income.					
	Yes X Exempt current pension income amount A \$ 2,450					
	Which method did you use to calculate your exempt current pension income?					
	Segregated assets method <b>B</b> X					
	Unsegregated assets method <b>C</b> Was an actuarial certificate obtained? <b>D</b> Yes					
	Did the fund have any other income that was assessable?					
	E Yes X) Go to Section B: Income.					
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do <b>not</b> complete Section B: Income.)					
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.					

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Page 3

Tax File Number	Provided

# Section B. Income

Section D. Income	
<b>Do not complete this section</b> if all superannuation interests in the the retirement phase for the <b>entire year</b> , there was <b>no</b> other inconnotional gain. If you are entitled to claim any tax offsets, you can re-	ne that was assessable, and you have not realised a deferred
Did you have a capital gains tax (CGT) event during the year? G No X Yes	If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a <i>Capital gains tax (CGT) schedule 2021</i>
Have you applied an exemption or rollover? M No X Yes	Code
Net capital gain	A \$
Gross rent and other leasing and hiring income	B \$
Gross interest	<b>c</b> \$
Forestry managed investment scheme income	
Gross foreign income	Loss
D1 \$ Net foreign income	D \$
Australian franking credits from a New Zealand company	
Transfers from foreign funds	
Gross payments where  ABN not quoted	
Calculation of assessable contributions  Assessable employer contributions  Gross distribution	
R1 \$*Unfranked dividend	.1\$
plus Assessable personal contributions amount  *Franked dividend	
plus **No-TFN-quoted contributions *Dividend franking	
R3 \$ 0 credit	Code
less Transfer of liability to life insurance distributions	
R6 \$ Assessable contributions (R1 plus R2 plus R3 less R6)	D ¢
Calculation of non-arm's length income	Code
*Net non-arm's length private company dividends  *Other income	<b>S</b> \$ 2
plus *Net non-arm's length trust distributions  102 \$  *Assessable income due to changed tax status of fund	T \$
plus *Net other non-arm's length income  U3 \$ Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	; <b>U</b> \$
#This is a mandatory label. GROSS INCOME (Sum of labels <b>A</b> to <b>U</b> )	
*If an amount is entered at this label, Exempt current pension income	2,450
check the instructions to ensure the correct tax treatment has been applied  TOTAL ASSESSABLE INCOME (W less Y)  V \$	2 Loss
been applied.	

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# Section C: Deductions and non-deductible expenses

# 12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$	A2 \$
Interest expenses overseas	B1 \$	B2 \$
Capital works expenditure	D1 \$	D2 \$
Decline in value of depreciating assets	E1 \$	E2 \$
Insurance premiums – members	F1 \$	F2 \$
SMSF auditor fee	<b>H1</b> \$ 1	<b>H2</b> \$ 1,582
Investment expenses	I1 \$	12 \$
Management and administration expenses	<b>J1</b> \$ 260	<b>J2</b> \$ 2,347
Forestry managed investment scheme expense	U1 \$	U2 \$ Code Code
Other amounts	L1 \$	L2 \$
Tax losses deducted	M1 \$	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	N \$ 261	<b>Y</b> \$ 3,929
	(Total A1 to M1)	(Total A2 to L2)
	*TAXABLE INCOME OR LOSS	LOSS TOTAL SMSF EXPENSES
#This is a mandatory	O \$ 259 (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	<b>Z</b> \$ 4,190 (N plus Y)

Tax File Number	Provided
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# Section D: Income tax calculation statement

# #Important:

you will	have specified a zero amo		010 71,111,	J, 15 and I are mandatory. If you leave the	00 100010
Please	refer to the	#Taxable incom	e <b>A</b> \$	(an amount must be included even if it is zero)	0
fund ar	anaged superannuation nnual return instructions on how to complete the	#Tax on taxabl incom 	6	(an amount must be included even if it is zero)	0.00
calcula	tion statement.	#Tax o no-TFN-quote contribution	d <b>J</b> \$	(an amount must be included even if it is zero)	0.00
	'	Gross ta	х В\$	(T1 plus J)	0.00
	Foreign income tax offset			(1.1 p.m. 0)	
C1\$					
	Rebates and tax offsets		Non-re	efundable non-carry forward tax offsets	
<b>C2</b> \$			<b>C</b> \$		
				(C1 plus C2)	
				OTAL 1	
			<b>T2</b> \$		
				(B less C – cannot be less than zero)	
	Early stage venture capital partnership tax offset	limited			
<b>D</b> 1\$		0.00			
	Early stage venture capital tax offset carried forward for			efundable carry forward tax offsets	
<b>D2</b> \$		0.00	<b>D</b> \$		0.00
	Early stage investor tax off	set		(D1 plus D2 plus D3 plus D4)	
<b>D3</b> \$		0.00			
	Early stage investor tax off carried forward from previous			OTAL 2	
<b>D</b> 4\$		0.00	T3 \$		0.00
				(T2 less D – cannot be less than zero)	
	Complying fund's franking of	credits tax offset			
E1\$		704.65			
	No-TFN tax offset				
<b>E2</b> \$					
	National rental affordability s	cheme tax offset			
<b>E3</b> \$					
	Exploration credit tax offset	0.00		dable tax offsets -	704.05
<b>E4</b> \$		0.00	E\$	( <b>E1</b> plus <b>E2</b> plus <b>E3</b> plus <b>E4</b> )	704.65
		#TAX PAYABL	E <b>T5</b> \$		0.00
				(T3 less E – cannot be less than zero)	
				n 102AAM interest charge	
			<b>G</b> \$		

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				Tax File Number	Drovidod	
				Tax File Number	Fiovided	
		for interest on early payments – t of interest				
H1\$						
		for tax withheld – foreign resident ding (excluding capital gains)				
H2\$						
		for tax withheld – where ABN not quoted (non-individual)				
Н3\$						
		for TFN amounts withheld from nts from closely held trusts				
H5\$		0.00				
	Credit	for interest on no-TFN tax offset				
H6\$						
	Credit to withhol	for foreign resident capital gains ding amounts	Eliaible	e credits		
H8\$		0.00	<b>H</b> \$		$\neg \neg \bot$	
·				(H1 plus H2 plus H3 plus H5 plus H6 plus H8)		
		*Tax offset refunds	1\$		704.65	
		(Remainder of refundable tax offsets)	1	(unused amount from label <b>E</b> –		
				an amount must be included even if it is ze	iro)	
				nstalments raised		
			<b>K</b> \$			
				risory levy		
			L\$		259.00	
				visory levy adjustment for wound up fu		
			M \$		259.00	
			٠.	risory levy adjustment for new funds		
			N \$			
		AMOUNT DUE OR REFUNDABLE	<b>S</b> \$		704.65	
		A positive amount at <b>S</b> is what you owe, while a negative amount is refundable to you.	၁ ၃	(T5 plus G less H less I less K plus L less M p	-704.65	

\*This is a mandatory label.

# Section E: Losses

# 14 Losses

If total loss is greater than \$100,000, complete and attach a *Losses* schedule 2021.

Tax losses carried forward to later income years **U** \$

259

Net capital losses carried forward to later income years **V** \$

Tax File Number	Provided
Tax File Number	FIOVILLEU

			1 431 1 110 110		
Section G: Supplementary m	ember i	nforr	mation		
	ieiiibei i	111011	mation		
MEMBER 5					Code
Title: Mr X Mrs Miss Ms Other				Account sta	
Family name				Account std	
McFarlane					
First given name	Other given	names			
Barry	Glenn				
	of birth		If do	eceased, date of dea	 ath
See the Privacy note in the Declaration.  Day	Month	Year	Day		Year
Provided	Provided	d		_] / L] / L	
					<del></del>
Contributions OPENING ACCOU	INIT BALANCE	¢ [		720,474.72	
Contributions	INI BALANOL	Ψ		120,414.12	
<b>A</b>		Process	do from priman, racidan,	oo dianaaal	
Refer to instructions for completing these labe	els.		ds from primary residend	ze disposai	
		<b>H</b> \$			
Employer contributions		Receipt	date Day Month	Year	
<b>A</b> \$		H1		] / []	
ABN of principal employer		Assessa	able foreign superannuati	ion fund amount	
A1		I \$			
Personal contributions		Non-ass	sessable foreign superar	nnuation fund amount	
B \$		J \$			
CGT small business retirement exemption			r from reserve: assessab	ole amount	
C \$		K \$	Torritocoive, accessas	- Io arribarit	
CGT small business 15-year exemption am	ount		r from reserve: non-asse	accoble amount	
<b>D</b> \$		L \$	TOTT reserve. Horr-asse	SSADIE AITIOUITE	
Personal injury election				. , ,	
E \$			utions from non-complyi viously non-complying f		
		<b>T</b> \$		arido	
Spouse and child contributions			Ler contributions		
F \$		(includin	ng Super Co-contribution	ns and	
Other third party contributions		Low Inc	come Super Amounts)		
<b>G</b> \$		M \$			
TOTAL CONTRIBUTIONS	: N\$				
	(Sum o	of labels A	to <b>M</b> )		
				[	Loss
Other transactions Allo	cated earnings	0 \$		1,509.28	
	or losses	· !			
Accumulation phase account balance	Inward rollovers and				
S1 \$ 0.00	transfers				
0.00	Outward	1			
Retirement phase account balance	rollovers and			711,887.00	
– Non CDBIS	transfers				Code
<b>S2</b> \$ 0.00	Lump Sum payments	R1 \$		18.44	A
Retirement phase account balance	payments	ļ			
- CDBIS	Income	<b>5</b> 00			Code
S3 \$ 0.00	stream payments	<b>R2</b> \$		7,060.00	M
5.55	payments			•	
0 TRIS Count CLOSING ACCO	UNT BALANC	E <b>S</b> \$			
			(S1 plus S2 plus	<b>S3</b> )	
Accumulati	on phase value	X1 \$			
5 ::	unt inhac - : :-!	VC C			
Retireme	ent phase value	<b>72</b> \$			
	mited recourse				
borrowing arrang	gement amount	[ •Ψ			

Tax File Number	Provided
Tax File Number	Provided

MEMBER 6				
Title: Mr Mrs X Miss Ms Other				Account status Code
Family name				Account status C
McFarlane				
First given name	Other given i	names		
Alana	Deanne			
Member's TFN See the Privacy note in the Declaration.  Date of Day	of birth Month	Year	If decease Day	ed, date of death  Month  Year
Provided	Provided	d		
Contributions OPENING ACCOU	NT BALANCE	\$	3	887,836.23
Refer to instructions for completing these label	,		ds from primary residence disp	osal
Employer contributions		<b>H</b> \$ Receipt	date no Marti	
<b>A</b> \$		H1	Day Month /	Year
ABN of principal employer			ے / لــــــا / لــــــا able foreign superannuation fun	d amount
A1		I \$		
Personal contributions		•	sessable foreign superannuation	on fund amount
В \$		J \$		
CGT small business retirement exemption		Transfer	from reserve: assessable amo	ount
C \$		<b>K</b> \$		
CGT small business 15-year exemption am	ount	Transfer	from reserve: non-assessable	amount
<b>D</b> \$		L \$		
Personal injury election		Contribu	utions from non-complying fun viously non-complying funds	ds
E \$		<b>T</b> \$	viously flori-complying funds	
F \$		Any othe	er contributions	
Other third party contributions		(includin	ig Super Co-contributions and ome Super Amounts)	
G \$		M \$	orne duper 7 (mounts)	
TOTAL CONTRIBUTIONS	N \$			
	(Sum o	of labels A	to <b>M</b> )	
Other transactions Allo	cated earnings or losses			4,973.22 Loss
Accuration phase account belongs	Inward			
Accumulation phase account balance	rollovers and transfers			
S1 \$ 0.00	Outward	ı		
Retirement phase account balance  - Non CDBIS	rollovers and transfers		3	375,113.00
<b>S2</b> \$ 0.00	Lump Sum			790.01 Code B
Retirement phase account balance	payments	φ		
- CDBIS	Income	<b>DO</b> (*)		Code
S3 \$ 0.00	payments	<b>R2</b> \$		6,960.00 M
0 TRIS Count CLOSING ACCO	UNT BALANC	E <b>S</b> \$		
			( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )	
		V4 A		<del></del>
Accumulati	on phase value	X1 \$		
Retireme	ent phase value	<b>X2</b> \$		
Outstanding li borrowing arrang	mited recourse jement amount	<b>Y</b> \$		

				Tax File Number	Provided	
Section H: <b>Assets and liabilitie</b>	S					
15a Australian managed investments	Listed trusts	A	\$			]
	Unlisted trusts	В	\$			]
	Insurance policy	С	\$			]
Other	managed investments					, ]
	ash and term deposits					<u>.                                    </u>
Limited recourse borrowing arrangements			. '			] ]
Australian residential real property	Debt securities	r	ÞΙ			]
J1 \$	Loans	G	\$			
Australian non-residential real property  J2 \$	Listed shares	Н	\$			
Overseas real property	Unlisted shares	ı	\$			
J3 \$	Limited recourse					· 
	rrowing arrangements	J	\$			
J4 \$	Non-residential	v	œ l			' 1
Overseas shares	real property	K	ÞΙ			] -
J5 \$	Residential real property	L	\$			
Other	Collectables and personal use assets	M	\$			]
J6 \$						, 
Property count	Other assets	U	Ф			
J7						
15c Other investments	Crypto-Currency	N	\$			]
			<u> </u>			
15d Overseas direct investments	Overseas shares	P	\$			
Overseas non-re	esidential real property	Q	\$			
Overseas re	esidential real property	R	\$			
Overseas	managed investments	s	\$			
	Other overseas assets	т	\$			
TOTAL AUSTRALIAN AND ( (Sum of labels A		U	\$			
15e In-house assets  Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year?	No Yes		\$			

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				Tax File Number	r Provided
15f	Limited recourse borrowing arrangements  If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?  Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	<b>A</b> No	Yes		
16	LIABILITIES				
	Borrowings for limited recourse borrowing arrangements  V1 \$				
	Permissible temporary borrowings				
	V2 \$				
	Other borrowings				
	V3 \$	Во	orrowings	<b>v</b> \$	
	Total member clos (total of all <b>CLOSING ACCOUNT BALANCE</b> s fr		F and G)	w \$	
		Reserve	accounts	<b>X</b> \$	
		Other	liabilities	Y \$	
		TOTAL L	IABILITIES	<b>z</b> \$	
	ction I: <b>Taxation of financia</b> Taxation of financial arrangements (TOF		gemen	ts	
		Total TOFA	gains <b>H</b> \$	<b>S</b>	
		Total TOFA	losses   \$		
	otion l. Other information				
<b>S</b> е	ction J: <b>Other information</b>				
	ily trust election status  If the trust or fund has made, or is making, a fam  specified of the election (for ex-				A
	If revoking or varying a family trust and complete and attach the <i>I</i>				в
Inte	rposed entity election status  If the trust or fund has an existing election, or fund is making one or more elect specified and complete an Interposed en	ions this yea	r, write the ea	arliest income year being	c
				n, print <b>R</b> , and complete tion or revocation 2021.	D []

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Page 17

Tax File Number	Provided
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# Section K: Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

#### Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

# TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, differents or putilic officer's signature	14 / 01 / 2022
D() 111 Va-lang.	Day Month Year
Preferred trustee or director contact details:	Date / /
Title: Mr X Mrs Miss Ms Other	
Family name	
McFarlane	
First given name Other given names	
Barry	
Phone number 07 3286 1322 Email address	
Non-individual trustee name (if applicable)	
ABN of non-individual trustee	
Time taken to prepare and complete this annual return	Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register, may us provide on this annual return to maintain the integrity of the register. For further informat	
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2021 has been prepa provided by the trustees, that the trustees have given me a declaration stating that the intcorrect, and that the trustees have authorised me to lodge this annual return.  Tax agent's signature	
	Day Month Year
	Date / /
Tax agent's contact details	
Title: Mr Mrs X Miss Ms Other	
Family name	
Sherman	
First given name Other given names	
Shona Lorraine	
Tax agent's practice	
HFB Super Pty Ltd	
Tax agent's phone number Reference number	Tax agent number
07 3286 1322 MCBA	24805931

# Losses schedule

2021

Superannuation funds should complete and attach this schedule to their 2021 tax retu Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter		schedule to their 2021 tax return.
This heatly in become terrer with a black of blue ballpoint pen only. I find one letter		umber in each boy. Do not use
correction fluid or tape.	OI III	iniber in each box. Do not use
Place $X$ in all applicable boxes.		
Refer to Losses schedule instructions 2021, available on our website ato.gov.au for instructions on how to complete this schedule.		
Tax file number (TFN)		
Provided		
Name of entity		
McFARLANE SUPERANNUATION FUND		
Australian business number		
95529540290		
<u> </u>		
Part A – Losses carried forward to the 2021-	-22	income year - excludes film losses
1 Tax losses carried forward to later income years Year of loss		
2020–21		259
	_	
2019–20	С	
2018–19	D	
	E	
2017–18		
2017–18	F	
2016–17 2015–16 and	G	
2016–17	G	
2016–17 2015–16 and	G	259
2016–17 2015–16 and earlier income years Total	G	259  ard to later income years label on your tax return.
2016–17 2015–16 and earlier income years  Total  Transfer the amount at <b>U</b> to the <b>Tax losses carried</b>	G	
2015–16 and earlier income years  Total  Transfer the amount at U to the Tax losses carried  Net capital losses carried forward to later income years	G U I forw	
2016–17 2015–16 and earlier income years  Total  Transfer the amount at <b>U</b> to the <b>Tax losses carried</b>	G U I forw	
2015–16 and earlier income years  Total  Transfer the amount at U to the Tax losses carried  Net capital losses carried forward to later income years  Year of loss	G U I forw	
2015–16 and earlier income years  Total  Transfer the amount at U to the Tax losses carried  Net capital losses carried forward to later income years  Year of loss 2020–21	G U I forw	
2015–16 and earlier income years  Total  Transfer the amount at U to the Tax losses carried  Net capital losses carried forward to later income years  Year of loss 2020–21 2019–20	G U I forw	
2015–16 and earlier income years  Total  Transfer the amount at U to the Tax losses carried  Net capital losses carried forward to later income years  Year of loss 2020–21 2019–20 2018–19	G U If forw	

 $\label{thm:compound} \textit{Transfer the amount at $\textbf{V}$ to the $\textbf{Net capital losses carried forward to later income years}$ label on your tax return.}$ 

Total **V** 

			•	Tax File Number	Provided
P	Part B – Ownership and b	ousiness continuity	/ to	est – company and	listed widely held trust only
S	Complete item 3 of Part B if a loss is being atis ied in relation to that loss. On not complete items 1 or 2 of Part B if, in gainst a net capital gain or, in the case of c	the 2020–21 income year, no los	s ha	as been claimed as a	
	· ·	·			
1	Whether continuity of majority ownership test passed	Year of loss	^	Voc No	
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2020–21 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in	2020–21	_	Yes No	
		2019–20	_	Yes No	
		2018–19	_	Yes No	
	respect of that loss.	2017–18	ַ	Yes No	
		2016–17	E	Yes No	
		2015–16 and earlier income years	F	Yes No	
2	Amount of losses deducted/applied for business continuity test is satisfied -		orit	y ownership test is	s not passed but the
		Tax losses	G		
		Net capital losses	Н		
3	Losses carried forward for which the applied in later years – excludes film losse		be	satisfied before th	ney can be deducted/
	Tax losse				
Net capital loss			J		
4	4 Do current year loss provisions apply? Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the Income Tax Assessment Act 1997 (ITAA 1997)?				
P	art C – Unrealised losses - c	ompany only			
	Note: These questions relate to the operation of	Subdivision 165-CC of ITAA 1997.			
	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca 11 November 1999?	. ,	L	Yes No	
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf L}$ , do not comp	lete M, N or O.			
	At the changeover time did the company satis net asset value test under section 152-15 of I		M	Yes No	
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$ , has the co it had an unrealised net loss at the changeover		N	Yes No	
	If you printed <b>X</b> in the <b>Yes</b> box at <b>N</b> , what was unrealised net loss calculated under section 1		0		

	Та	x File Number	Provided
Part D – Life insurance companies			
Complying superannuation class tax losses carried forward to later income years	P		
Complying superannuation net capital losses carried forward to later income years	Q		
Post 5 Controlled (controlled controlled con			
Part E – Controlled foreign company losses			
Current year CFC losses	M		
CFC losses deducted	N		
CFC losses carried forward	0		
Part F – Tax losses reconciliation statement			
Balance of tax losses brought forward from the prior income year	A		
ADD Uplift of tax losses of designated infrastructure project entities	В		
SUBTRACT Net forgiven amount of debt	С		
ADD Tax loss incurred (if any) during current year	D		259
ADD Tax loss amount from conversion of excess franking offsets	E		
SUBTRACT Net exempt income	F		
SUBTRACT Tax losses forgone	G		
SUBTRACT Tax losses deducted	Н		
SUBTRACT Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)	ı		
Total tax losses carried forward to later income years	J		259
Transfer the amount at .I to the Tax losses carried for	rwarr	d to later income ve	are label on your tay return

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Page 3

Tax File Number	Provided

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

#### Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

#### Privacy

Taxation law authorises the ATO to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

#### Taxpayer's declaration

I declare that the information on this form is true and correct.

Signature	14 / 01 / 2022
D6/11 Ja-lane,	Date Day / Month / Year
Contact person	Daytime contact number (include area code)
Barry Glenn McFarlane	07 3286 1322

#### **Electronic Lodgment Declaration (SMSF)**

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

#### Privacy

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

#### The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

#### Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

 Tax File Number
 Name of Fund
 Year

 Provided
 McFARLANE SUPERANNUATION FUND
 2022

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

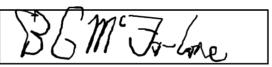
#### Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

**Declaration:** I declare that:

- All the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct; and
- I authorise the agent to lodge this tax return.

Signature of Partner, Trustee, or Director



Date

14 / 0/1 / 2022

# **ELECTRONIC FUNDS TRANSFER CONSENT**

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Account Name McFarlane Superannuation Fund

Account Number 084435 662885362 Client Reference MCBA

I authorise the refund to be deposited directly to the specified account

Signature

Date

14 / 01 / 2022

# **Tax Agent's Declaration**

#### I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature			Date	1 1	
Contact name	Shona Sherman		Client Reference	МСВА	
Agent's Phone Num	ber 07 3286 1322	т	ax Agent Number	24805931	

The Trustees
McFARLANE SUPERANNUATION FUND
29 Alice Street
Wellington Point QLD 4160

**Dear Trustees** 

# Request to withdraw a lump sum from Accumulation Account

I wish to request a lump sum benefit payment from my accumulation account.

I confirm that I have met a condition of release as required by the SIS Act 1993.

I further confirm that the lump sum amount requested is equal to my total accumulation benefits in the Fund.

# **Details of the lump sum:**

Date of Payment: 1 July 2021 Lump Sum Amount: \$154.91

If you have any queries with regard to the above, please do not hesitate to contact me.

Kind regards

Alana McFarlane

29 Alice Street, Wellington Point Qld 4160

# Memorandum of Resolutions of the Trustees for McFARLANE SUPERANNUATION FUND

**Present:** Barry McFarlane Alana McFarlane

The Trustees

Lump Sum benefit payment from Accumulation A/c:

**Acknowledgement:** 

The Trustees have received notification from the following member to withdraw a lump sum benefit payment from their

accumulation account:

The details are:

Member Name: Alana McFarlane
Date of Payment: 1 July 2021
Lump Sum Amount: \$154.91

**Trustee Acceptance:** The Trustees confirm receipt of the member's declaration

that a condition of release had been met.

The Trustees have ensured that the lump sum payment meets the requirements of the Fund's deed and does not breach the superannuation laws in relation to making

payments to members.

**Trustee** The Trustees have resolved to allow payment of the lump

sum benefit on behalf of the member.

Closure: There being no further business, the meeting was declared

closed.

Signed as a true and correct record

Barry McFarlane

Alana McFarlane

The Trustees
McFARLANE SUPERANNUATION FUND
29 Alice Street
Wellington Point QLD 4160

**Dear Trustees** 

# Request to make a partial rollover to QSuper

I wish to request partial rollover from my pension account to QSuper.

I confirm that the amount requested is less than my total pension benefits in the Fund.

# **Details of the lump sum:**

Date of Payment: 27 July 2021 Lump Sum Amount: \$875,113.00

If you have any queries with regard to the above, please do not hesitate to contact me.

Kind regards

Alana McFarlane

29 Alice Street, Wellington Point Qld 4160

The Trustees
McFARLANE SUPERANNUATION FUND
29 Alice Street
Wellington Point QLD 4160

**Dear Trustees** 

# Request to make a partial rollover to QSuper

I wish to request partial rollover from my pension account to QSuper.

I confirm that the amount requested is less than my total pension benefits in the Fund.

# **Details of the lump sum:**

Date of Payment: 27 July 2021 Lump Sum Amount: \$711,887.00

If you have any queries with regard to the above, please do not hesitate to contact me.

Kind regards

Barry McFarlane

29 Alice Street, Wellington Point Qld 4160

### Memorandum of Resolutions of the Trustees for

# McFARLANE SUPERANNUATION FUND

Present: Barry McFarlane Alana McFarlane

Rollover payments from Pension A/c:

The Trustees have received notification from the following members to rollover from their pension accounts:

The details are:

Member Name: Alana McFarlane Date of Payment: 27 July 2021 Lump Sum Amount: \$875,113.00

Member Name: Barry McFarlane Date of Payment: 27 July 2021 Lump Sum Amount: \$711,887.00

**Trustee Acceptance:** The Trustees have ensured that the rollover payments

meet the requirements of the Fund's deed and does not

breach the superannuation laws.

**Trustee** The Trustees have resolved to allow payment of the **Acknowledgement:** 

rollovers on behalf of the members and attend to all

reporting requirements for the transfers.

Closure: There being no further business, the meeting was declared

closed.

Signed as a true and correct record

Barry McFarlane

Alana McFarlane

The Trustees
McFARLANE SUPERANNUATION FUND
29 Alice Street
Wellington Point QLD 4160

**Dear Trustees** 

# Request to withdraw a lump sum from Accumulation Account

I wish to request a lump sum benefit payment from my accumulation account.

I confirm that I have met a condition of release as required by the SIS Act 1993.

I further confirm that the lump sum amount requested is equal to my total accumulation benefits in the Fund.

# **Details of the lump sum:**

Date of Payment: 17 December 2021

Lump Sum Amount: \$635.10

If you have any queries with regard to the above, please do not hesitate to contact me.

Kind regards

Alana McFarlane

29 Alice Street, Wellington Point Qld 4160

The Trustees
McFARLANE SUPERANNUATION FUND
29 Alice Street
Wellington Point QLD 4160

**Dear Trustees** 

# Request to withdraw a lump sum from Accumulation Account

I wish to request a lump sum benefit payment from my accumulation account.

I confirm that I have met a condition of release as required by the SIS Act 1993.

I further confirm that the lump sum amount requested is equal to my total accumulation benefits in the Fund.

# **Details of the lump sum:**

Date of Payment: 17 December 2021

Lump Sum Amount: \$18.44

If you have any queries with regard to the above, please do not hesitate to contact me.

Kind regards

Barry McFarlane

29 Alice Street, Wellington Point Qld 4160

# Memorandum of Resolutions of the Trustees for McFARLANE SUPERANNUATION FUND

**Present:**Barry McFarlane
Alana McFarlane

Lump Sum benefit payment from Accumulation A/c:

The Trustees have received notification from the following members to withdraw a lump sum benefit payment from

their accumulation account:

The details are:

Member Name: Alana McFarlane Date of Payment: 17 December 2021

Lump Sum Amount: \$635.10

Member Name: Barry McFarlane
Date of Payment: 17 December 2021

Lump Sum Amount: \$18.44

**Trustee Acceptance:** The Trustees confirm receipt of the member's declaration

that a condition of release had been met.

The Trustees have ensured that the lump sum payments meet the requirements of the Fund's deed and does not breach the superannuation laws in relation to making

payments to members.

**Trustee** The Trustees have resolved to allow payment of the lump

**Acknowledgement:** sum benefits on behalf of the members.

Closure: There being no further business, the meeting was declared

closed.

Signed as a true and correct record

Barry McFarlane

Alana McFarlane

# RESOLUTION OF THE TRUSTEES OF THE MCFARLANE SUPERANNUATION FUND AT

# 29 ALICE STREET, WELLINGTON POINT QLD 4160 ON 17 DECEMBER 2021

Present: Barry McFarlane (Chairman)

Alana McFarlane

**Minutes:** The Minutes of the previous meeting of Trustees were signed as an

accurate record.

Winding up of Superannuation Fund and payment of benefits: It was RESOLVED that pursuant to clause 26 of the Fund's Deed of Variation dated 11 March 2009, the Fund be wound up and therefore cease to exist.

In considering whether the Fund should be wound up, the Trustees considered the following to be appropriate:

- All benefits have been paid out to a complying super fund for the benefit of the members.
- The Fund has no assets or liabilities, including unrecorded liabilities.
- No further amounts could be identified as owing to the Australian Taxation Office.

It was **FURTHER RESOLVED** that the following notifications were required to other parties of the winding up of the fund:

- Australian Taxation Office for Income Tax Return Purposes
- Cancellation of ABN Registration

This concluded the business of the meeting.

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Barry McFarlane

# RESOLUTION OF THE MEMBERS OF THE MCFARLANE SUPERANNUATION FUND AT 29 ALICE STREET, WELLINGTON POINT QLD 4160 ON 17 DECEMBER 2021

Winding up of Superannuation Fund:

It was RESOLVED that pursuant to clause 26 of the Fund's Deed of Variation dated 11 March 2009, the Fund be wound up and therefore cease to exist.

In considering whether the Fund should be wound up, the Members considered the following to be appropriate:

- All benefits have been paid out to a complying super fund for the benefit of the members
- The Fund has no assets or liabilities, including unrecorded liabilities.
- No further amounts could be identified as owing to the Australian Taxation Office.

Barry McFarlane

M'Fr-line

Mr Barry McFarlane 29 Alice Street Wellington Point, Queensland 4160

Dear Sir/Madam

# McFARLANE SUPERANNUATION FUND Commutation of Account Based Pension

I hereby request the trustee(s) to commute the account(s) listed below into an existing accumulation account on 20/11/2021

Account Code: MCFALA00002P

Account Description: Account Based Pension

Balance to Commute: \$3,835.63

If you have any queries with regard to the above, please do not hesitate to contact me.

Yours sincerely

Mrs Alana McFarlane 29 Alice Street

# McFarlane superannuation fund Minutes of a Meeting of the Trustee(s)

held on / / at 29 Alice Street, Wellington Point, Queensland 4160

PENSION COMMUTATION: Alana McFarlane has requested to commute the following account(s) to an existing

accumulation account on 20/11/2021.

Barry McFarlane and Alana McFarlane

Account Code: MCFALA00002P

Account Description: Account Based Pension

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Balance to Commute: \$3,835.63

TRUSTEE ACKNOWLEDGEMENT:

PRESENT:

It was resolved that Trustee(s) have agreed to this and has taken action to ensure the following:

- The Member's balance(s) has been updated for any contributions, withdrawals and earnings
- The fund's trust deed provides for the transfer to take place
- Any existing pensions for the above mentioned accounts have been ceased and that the pro-rated minimum amount has been met where necessary

**CLOSURE:** Signed by the trustee(s) pursuant to the Fund Deed.

Barry McFarlane Chairperson / /

Mrs Alana McFarlane 29 Alice Street Wellington Point, Queensland 4160

Dear Alana McFarlane

# McFARLANE SUPERANNUATION FUND Commutation of Account Based Pension

We confirm that the full commutation of your Account Based Pension (MCFALA00002P) has been completed.

An amount of \$3,835.63 has been transferred to your accumulation account.

If you have any queries with regard to the above, please do not hesitate to contact me.

Yours sincerely

Mr Barry McFarlane

Trustee

29 Alice Street

Mrs Alana McFarlane 29 Alice Street Wellington Point, Queensland 4160

Dear Sir/Madam

# McFARLANE SUPERANNUATION FUND Commutation of Account Based Pension

I hereby request the trustee(s) to commute the account(s) listed below into an existing accumulation account on 20/11/2021

Account Code: MCFBAR00001P

Account Description: Account Based Pension

Balance to Commute: \$110.98

If you have any queries with regard to the above, please do not hesitate to contact me.

Yours sincerely

Mr Barry McFarlane 29 Alice Street

# McFarlane superannuation fund Minutes of a Meeting of the Trustee(s)

held on / / at 29 Alice Street, Wellington Point, Queensland 4160

PRESENT: Barry McFarlane and Alana McFarlane

PENSION COMMUTATION: Barry McFarlane has requested to commute the following account(s) to an existing

accumulation account on 20/11/2021.

Account Code: MCFBAR00001P

Account Description: Account Based Pension

Balance to Commute: \$110.98

TRUSTEE ACKNOWLEDGEMENT:

It was resolved that Trustee(s) have agreed to this and has taken action to ensure the following:

- The Member's balance(s) has been updated for any contributions, withdrawals and earnings
- The fund's trust deed provides for the transfer to take place
- Any existing pensions for the above mentioned accounts have been ceased and that the pro-rated minimum amount has been met where necessary

**CLOSURE:** Signed by the trustee(s) pursuant to the Fund Deed.

Alana McFarlane Chairperson Mr Barry McFarlane 29 Alice Street Wellington Point, Queensland 4160

Dear Barry McFarlane

# McFARLANE SUPERANNUATION FUND Commutation of Account Based Pension

We confirm that the full commutation of your Account Based Pension (MCFBAR00001P) has been completed.

An amount of \$110.98 has been transferred to your accumulation account.

If you have any queries with regard to the above, please do not hesitate to contact me.

Yours sincerely

Mrs Alana McFarlane

Trustee 29 Alice Street

Barry McFarlane McFARLANE SUPERANNUATION FUND 29 Alice Street, Wellington Point, Queensland 4160

Dear Sir/Madam

# McFARLANE SUPERANNUATION FUND Continuation of Account Based Pension

We have recently completed a review of the assets of **McFARLANE SUPERANNUATION FUND** and your Account Based Pension account in the Fund as at 01 July 2021. The pension does not have a reversionary beneficiary.

Based on the account balance and the legislative requirements for Account Based Pension, I have set out below the Minimum income stream which must be taken for the year ending 30 June 2022.

Your balance contains:

a Taxable Balance of: \$9,584.00; anda Tax Free Balance of: \$710,890.72

Tax Free proportion: 98.67%.

Your Minimum income stream applicable is \$18,010.00.

If you have any queries with regard to the above, please do not hesitate to contact me.

Yours sincerely

Barry McFarlane

29 Alice Street, Wellington Point, Queensland 4160

Alana McFarlane McFARLANE SUPERANNUATION FUND 29 Alice Street, Wellington Point, Queensland 4160

Dear Sir/Madam

## McFARLANE SUPERANNUATION FUND Continuation of Account Based Pension

We have recently completed a review of the assets of **McFarlane Superannuation Fund** and your Account Based Pension account in the Fund as at 01 July 2021. It is confirmed that the pension balance will automatically revert to Barry McFarlane upon the death of the member.

Based on the account balance and the legislative requirements for Account Based Pension, I have set out below the Minimum income stream which must be taken for the year ending 30 June 2022.

Your balance contains:

a Taxable Balance of: \$509,737.69; anda Tax Free Balance of: \$377,943.63

Tax Free proportion: 42.58%.

Your Minimum income stream applicable is \$17,750.00.

If you have any queries with regard to the above, please do not hesitate to contact me.

Yours sincerely

Alana McFarlane

29 Alice Street, Wellington Point, Queensland 4160

#### McFARLANE SUPERANNUATION FUND

## Minutes of a Meeting of the Trustee(s)

at 29 Alice Street, Wellington Point, Queensland 4160 held on

PRESENT: Barry McFarlane and Alana McFarlane

**PENSION CONTINUATION:** Barry McFarlane wishes to continue existing Account Based Pension with a

commencement date of 01/07/2014. The pension does not have a reversionary

beneficiary.

The Pension Account Balance as at 01/07/2021 \$720,474.72, consisting of:

Taxable amount of \$9,584.00; and

Tax Free amount of \$710,890.72

Tax Free proportion: 98.67%.

TRUSTEE ACKNOWLEDGEMENT:

It was resolved that Trustee(s) have agreed to this and has taken action to ensure the following:

The member's minimum pension payments are to be made at least annually

An amount or percentage of the pension will not be prescribed as being left-over when the pension ceases

The pension can be transferred only on the death of the pensioner to one of their dependants or cashed as a lump sum to the pensioner's estate.

The Trustee(s) will comply with ATO obligations such as PAYG withholding and payment summary obligations

The fund's trust deed provides for payment of this pension to the member

The Trustee(s) will notify the member, in writing, of their pension amount and

assessable amount each year

**PAYMENT:** It was resolved that the trustees have agreed to pay at least the minimum pension

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payment for the current year of \$18,010.00 in the frequency of at least an annual

payment.

**CLOSURE:** Signed by the trustee(s) pursuant to the Fund Deed.

> BarryMcFarlane Chairperson

#### McFARLANE SUPERANNUATION FUND

## Minutes of a Meeting of the Trustee(s)

held on	_at 29 Alice Street, Wellington Point, Queensland 4160
PRESENT:	Barry McFarlane and Alana McFarlane

PENSION CONTINUATION:

Alana McFarlane wishes to continue existing Account Based Pension with a commencement date of 09/05/2021. It is confirmed that the pension balance will automatically revert to Barry McFarlane upon the death of the member.

The Pension Account Balance as at 01/07/2021 \$887,681.32, consisting of:

- Taxable amount of \$509,737.69; and
- Tax Free amount of \$377,943.63
- Tax Free proportion: 42.58%.

#### TRUSTEE ACKNOWLEDGEMENT:

It was resolved that Trustee(s) have agreed to this and has taken action to ensure the following:

- The member's minimum pension payments are to be made at least annually
- An amount or percentage of the pension will not be prescribed as being left-over when the pension ceases
- The pension can be transferred only on the death of the pensioner to their beneficiary(s).
- The Trustee(s) will comply with ATO obligations such as PAYG withholding and payment summary obligations
- The fund's trust deed provides for payment of this pension to the member
- The Trustee(s) will notify the member, in writing, of their pension amount and assessable amount each year

**PAYMENT:** It was resolved that the trustees have agreed to pay at least the minimum pension payment for the current year of \$17,750.00 in the frequency of at least an annual

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payment.

**CLOSURE:** Signed by the trustee(s) pursuant to the Fund Deed.

BarryMcFarlane Chairperson



## Super transfer balance account report

## Who should complete this report?

Super providers and life insurance companies should complete this report when:

- there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- incorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

#### Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

## Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

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Place X in ALL applicable boxes.



Section A: <b>Member details</b>
1 Tax file number (TFN)
You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to <a href="mailto:ato.gov.au/privacy">ato.gov.au/privacy</a>
2 Name
Title: Mr Mrs Miss Ms Other Ms Other Ms
MCFARLANE  Other given name  Other given names
ALANA DEANNE
Day Month Year
3 Date of birth / / / / / / / / / / / / / / / / / / /
4 Current residential address
29 ALICE STREET
Subjusts for una
Suburb/town State/territory Postcode
WELLLINGTON POINT QLD 4160
Country if other than Australia (Australia only) (Australia only)

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Se	ection B: <b>Cancellation</b>
5	Are you cancelling a previous transfer balance account event?  No X Yes
Se	ection C: Fund/Supplier/Provider details
0	If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6	Intermediary/Supplier name
7	Australian business number (ABN)  Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
8	Fund/Provider name
М	C F A R L A N E   S U P E R A N N U A T I O N   F U N D
9	Fund/Provider ABN 9 5 5 2 9 5 4 0 2 9 0
10	Fund/Provider TFN
	You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to <a href="mailto:ato.gov.au/privacy">ato.gov.au/privacy</a>

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Se	ection D-1: <b>Event one</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.
11	Is the first event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event X Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either <b>child death benefit income stream</b> or <b>child reversionary income stream</b> you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	If you select one of the below events you can only report one event in this report. Refer to the instructions for more information.
	Child death benefit income stream
	Child reversionary income stream
14	Other transfer balance cap event  Solution    Go to Event details on the next page.
	Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:  Member commutation
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page

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Ot	her information
15	Total super balance
	Complete this question to provide information regarding the total super balance of a member.  Refer to <a href="mailto:ato.gov.au/totalsuperbalance">ato.gov.au/totalsuperbalance</a> for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Ev	ent details
0	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date 2 7 / 0 7 / 2 0 2 1
18	Value \$ 75113 · 00
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the Reporting event type is Commutation authority – commuted in full or Commutation authority – commuted in part.
	If unknown leave this question blank.
	No Yes Yes
Se	ection E-1: <b>Member account details</b>
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type
	Account-based income stream X
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No X Yes
22	1 1 ,
	If you don't have a USI leave this question blank
23	Member account number
	MCFALA0002P
24	
	If you don't have a member client identifier leave this question blank  MCFAAALANOOO011

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Se	ection D-2: <b>Event two</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a third event in Section D-3.
11	Is the second event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017  Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event X Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
14	Other transfer balance cap event  Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:  Member commutation
	Income stream stops being in retirement phase X
	Structured settlement – post 1 July 2017
	Structured settlement – post 1 July 2017  Structured settlement – post 1 July 2017  Structured settlement – post 1 July 2017
	do to Event details on the next page.

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Ot	her information
15	Total super balance
	Complete this question to provide information regarding the total super balance of a member.  Refer to <a href="mailto:ato.gov.au/totalsuperbalance">ato.gov.au/totalsuperbalance</a> for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Ev	ent details
•	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date 2 0 / 1 1 / 2 0 2 1
18	Value \$ 3835 · 63
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the Reporting event type is Commutation authority – commuted in full or Commutation authority – commuted in part.
	If unknown leave this question blank.
	No Yes Yes
Se	ection E-2: <b>Member account details</b>
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type
	Account-based income stream X
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No Yes X
22	Unique superannuation identifier (USI)
	If you don't have a USI leave this question blank
23	Member account number
	MCFALA0002P
24	
	If you don't have a member client identifier leave this question blank  MCFAAALANOOO011

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Se	ection D-3: <b>Event three</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a fourth event in Section D-4.
1	Is the third event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017  Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Γra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either <b>child death benefit income stream</b> or <b>child reversionary income stream</b> you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Show two of a large and a second control of the large and a second control
14	Other transfer balance cap event  Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:  Member commutation
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page.

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Ot	her information
	Total super balance
	Complete this question to provide information regarding the total super balance of a member.  Refer to <a href="mailto:ato.gov.au/totalsuperbalance">ato.gov.au/totalsuperbalance</a> for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Εv	ent details
0	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date Day / Month / Year / Year
18	Value \$ ·
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the Reporting event type is Commutation authority – commuted in full or Commutation authority – commuted in part.
	If unknown leave this question blank.
	No Yes
Se	ection E-3: <b>Member account details</b>
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type
	Account-based income stream
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No Yes
22	Unique superannuation identifier (USI)
	If you don't have a USI leave this question blank
00	
23	Member account number
04	Mambar aliant identifier (number)
24	Member client identifier (number)  If you don't have a member client identifier leave this question blank

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Se	ection D-4: <b>Event four</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section.
11	Is the fourth event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	Go to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	So to Event details on the next page.
14	Other transfer balance cap event  Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:
	Member commutation
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page.

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Oth	ner information
	Total super balance
	Complete this question to provide information regarding the total super balance of a member. Refer to <u>ato.gov.au/totalsuperbalance</u> for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)
	Concessional contributions  Information regarding the notional taxed contributions of a member.
	① Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type:  Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Eve	ent details
	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date Day / Month / Year
18	Value \$
	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the <i>Reporting event type</i> is <b>Commutation authority – commuted in full</b> or <b>Commutation authority – commuted in part</b> .
	If unknown leave this question blank.
	No Yes
Se	ction E-4: <b>Member account details</b>
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
	Member account type
	Account-based income stream
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No Yes
	Unique superannuation identifier (USI)
	If you don't have a USI leave this question blank
23	Member account number
	Member client identifier (number)
	If you don't have a member client identifier leave this question blank

Se	ecti	ion F: <b>Third party details</b>
	•	You only need to complete Section F if the <i>Reporting event type</i> is <b>Child death benefit income stream</b> or <b>Child reversionary income stream</b> . Otherwise leave Section F blank. You must complete this section with the deceased person's details.
25	Tax	x file number (TFN)
	0	You don't have to provide the TFN to us. However, if you do, it will help us identify the third party correctly and process your report quickly. For more information on privacy, refer to <a href="mailto:ato.gov.au/privacy">ato.gov.au/privacy</a>
26	Na	nme
Fam	ily nai	me
First	giver	n name Other given names
27	Da	ate of birth Day / Day / Month / Year

Section G: <b>Declarations</b>
Complete the declaration that applies to you. Print your full name then sign and date the declaration.
Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.
Trustee, director or authorised officer declaration  Complete this declaration if you are the trustee, director or authorised officer of the super provider.  I declare that the information contained in the statement is true and correct.
Name ALANA MCFARLANE
Business hours phone number (include area code)
Trustee, director or authorised officer signature
Date 1 5 / 0 1 / 2 0 2 2
OR
Authorised representative declaration  Complete this declaration if you are an authorised representative of the super provider or life insurance company.  I declare that:  I have prepared the statement with the information supplied by the super provider or life insurance company  I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct
■ I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.
Name
Business hours phone number (include area code)
Authorised representative signature
Date Day Month Year  Date Day / Month / Year
Lodging this report

Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.

You can lodge this report via:

- Tax Agent Portal
- Business Portal if you are a business portal user
- Post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:

**Australian Taxation Office** PO BOX 3006 PENRITH NSW 2740



## Super transfer balance account report

## Who should complete this report?

Super providers and life insurance companies should complete this report when:

- there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- incorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

#### Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

## Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

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Place X in ALL applicable boxes.



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Se	ection B: <b>Cancellation</b>
5	Are you cancelling a previous transfer balance account event?  No X Yes
Se	ection C: Fund/Supplier/Provider details
0	If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6	Intermediary/Supplier name
7	Australian business number (ABN)  Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
8	Fund/Provider name
М	C F A R L A N E   S U P E R A N N U A T I O N   F U N D
9	Fund/Provider ABN 9 5 5 2 9 5 4 0 2 9 0
10	Fund/Provider TFN
	You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to <a href="mailto:ato.gov.au/privacy">ato.gov.au/privacy</a>

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Se	ection D-1: <b>Event one</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.
11	Is the first event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event X Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either <b>child death benefit income stream</b> or <b>child reversionary income stream</b> you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	If you select one of the below events you can only report one event in this report. Refer to the instructions for more information.
	Child death benefit income stream
	Child reversionary income stream
14	Other transfer balance cap event  Solution    Go to Event details on the next page.
	Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:  Member commutation
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page

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Ot	her information
15	Total super balance
	Complete this question to provide information regarding the total super balance of a member.  Refer to <a href="mailto:ato.gov.au/totalsuperbalance">ato.gov.au/totalsuperbalance</a> for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Ev	ent details
•	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date 2 7 / 0 7 / 2 0 2 1
18	Value \$ 7 1 1 8 8 7 · 0 0
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the Reporting event type is Commutation authority – commuted in full or Commutation authority – commuted in part.
	If unknown leave this question blank.
	No Yes
Se	ection E-1: <b>Member account details</b>
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type
	Account-based income stream X
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No X Yes
22	
	If you don't have a USI leave this question blank
23	Member account number
	MCFBAR0001P
24	
	If you don't have a member client identifier leave this question blank  MCFABARRO00011

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Se	ection D-2: <b>Event two</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a third event in Section D-3.
11	Is the second event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017  Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event X Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
14	Other transfer balance cap event  Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:  Member commutation
	Income stream stops being in retirement phase X
	Structured settlement – post 1 July 2017
	Structured settlement – post 1 July 2017  Structured settlement – post 1 July 2017  Structured settlement – post 1 July 2017
	do to Event details on the next page.

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Ot	her information
15	Total super balance
	Complete this question to provide information regarding the total super balance of a member.  Refer to <a href="mailto:ato.gov.au/totalsuperbalance">ato.gov.au/totalsuperbalance</a> for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Ev	ent details
•	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date 2 0 / 1 1 / 2 0 2 1
18	Value \$ 110 · 98
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the <i>Reporting event type</i> is <b>Commutation authority – commuted in full</b> or <b>Commutation authority – commuted in part</b> .
	If unknown leave this question blank.
	No Yes Yes
Se	ection E-2: <b>Member account details</b>
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type
	Account-based income stream X
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No Yes X
22	1 1 ,
	If you don't have a USI leave this question blank
23	Member account number
	MCFBAR0001P
24	
	If you don't have a member client identifier leave this question blank  MCFABARRO0001

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Se	ection D-3: <b>Event three</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a fourth event in Section D-4.
1	Is the third event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017  Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Γra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either <b>child death benefit income stream</b> or <b>child reversionary income stream</b> you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Show two of a large and a second control of the large and a second control
14	Other transfer balance cap event  Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:  Member commutation
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page.

ato.gov.au

Ot	her information
	Total super balance
	Complete this question to provide information regarding the total super balance of a member.  Refer to <a href="mailto:ato.gov.au/totalsuperbalance">ato.gov.au/totalsuperbalance</a> for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Εv	ent details
0	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date Day / Month / Year / Year
18	Value \$ ·
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the Reporting event type is Commutation authority – commuted in full or Commutation authority – commuted in part.
	If unknown leave this question blank.
	No Yes
Se	ection E-3: <b>Member account details</b>
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type
	Account-based income stream
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No Yes
22	Unique superannuation identifier (USI)
	If you don't have a USI leave this question blank
00	
23	Member account number
04	Mambar aliant identifier (number)
24	Member client identifier (number)  If you don't have a member client identifier leave this question blank

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Se	ection D-4: <b>Event four</b>
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section.
11	Is the fourth event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority  An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	Go to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	So to Event details on the next page.
14	Other transfer balance cap event  Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select <b>Member commutation</b> event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:
	Member commutation
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page.

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Otr	ner information		
	<b>Total super balance</b> Complete this question to provide information regarding the total super balance of a member.		
	Refer to <u>ato.gov.au/totalsuperbalance</u> for more information on Total super balance.		
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.		
	Event type:  Accumulation phase value Retirement phase value (30 June 2018 only)		
	Concessional contributions  Information regarding the notional taxed contributions of a member.		
	① Only use this event type if you are reporting information for your member's notional taxed contributions.		
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)		
Eve	ent details		
	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.		
17	Effective date Day / Month / Year		
18	Value \$ ·		
	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)		
	Only complete this question if the <i>Reporting event type</i> is <b>Commutation authority – commuted in full</b> or		
Commutation authority – commuted in part.  If unknown leave this question blank.			
	No Yes		
Se	ction E-4: <b>Member account details</b>		
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.		
20 Member account type			
	Account-based income stream		
	Capped defined benefit income stream just before 1 July 2017		
	Market-linked capped defined benefit income stream just before 1 July 2017		
	Capped defined benefit income stream on or after 1 July 2017		
21	Is the account closed?		
	No Yes		
	Unique superannuation identifier (USI)		
ا	If you don't have a USI leave this question blank		
23	Member account number		
	Member client identifier (number)		
	If you don't have a member client identifier leave this question blank		

Se	Section F: <b>Third party details</b>					
	•	You only need to complete Section F if the <i>Reporting event type</i> is <b>Child death benefit income stream</b> or <b>Child reversionary income stream</b> . Otherwise leave Section F blank. You must complete this section with the deceased person's details.				
25	Tax	x file number (TFN)				
	0	You don't have to provide the TFN to us. However, if you do, it will help us identify the third party correctly and process your report quickly. For more information on privacy, refer to <a href="mailto:ato.gov.au/privacy">ato.gov.au/privacy</a>				
26 Name						
Family name						
First given name Other given names						
27	Da	ate of birth Day / Day / Pear				

Section G: <b>Declarations</b>					
Complete the declaration that applies to you. Print your full name then sign and date the declaration.					
Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.					
Trustee, director or authorised officer declaration  Complete this declaration if you are the trustee, director or authorised officer of the super provider.  I declare that the information contained in the statement is true and correct.					
Name BARRY MCFARLANE					
Business hours phone number (include area code)					
Trustee, director or authorised officer signature  Day Month Year  Date 1 5 / 0 1 / 2 0 2 2					
OR					
Authorised representative declaration  Complete this declaration if you are an authorised representative of the super provider or life insurance company.  I declare that:  I have prepared the statement with the information supplied by the super provider or life insurance company  I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct  I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.					
Name					
Business hours phone number (include area code)					
Authorised representative signature  Date Day Month / Year  Date Day / D					
Lodging this report  Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.					

You can lodge this report via:

- Tax Agent Portal
- Business Portal if you are a business portal user
- Post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:

**Australian Taxation Office** PO BOX 3006 PENRITH NSW 2740



TITLE 9MCBA - 2022 Wind up

 FILE NAME
 AUD - REP.pdf, TRU - CONT.pdf and 8 others

 DOCUMENT ID
 34c9c996357764ad68d8a684c0b44d0e39b21178

AUDIT TRAIL DATE FORMAT DD / MM / YYYY

STATUS • Completed

## Document history

SENT	<b>12 / 01 / 2022</b> 10:20:03 UTC+10	Sent for signature to Barry Mcfarlane (albarenterprises@hotmail.com) and Alana Mcfarlane (albarenterprises@hotmail.com) from superdocs@hfbgroup.com.au IP: 180.150.101.27
VIEWED	<b>13 / 01 / 2022</b> 18:08:39 UTC+10	Viewed by Alana Mcfarlane (albarenterprises@hotmail.com) IP: 121.44.74.12
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