

11 October 2021

Our Ref: EXT3_CR

MR J CHANTRELL
28 BRIDPORT STREET
SOUTH MELBOURNE VIC 3205

Account Number: 5234859-D2-01

Dear MR CHANTRELL

Confirmation of Payment from the Asgard Employee Superannuation Account

We have finalised your request to close your account today. In accordance with your instructions, the following payment(s) was made.

Payment Type	Paid to	Account No.	Value (\$)
SuperStream	CHANTRELL FAMILY SUPERANNUATION FUND	N/A	34,141.96

We have enclosed the following document(s):

- Rollover Benefit Statement
- Final Benefit Statement

Asgard has established procedures for dealing with enquiries or complaints. If you have any enquiries or complaints about the operation of your Account, you can write to the Asgard Contact Centre, PO Box 7490 Cloisters Square, Perth WA 6850.

If you have any queries, please call your financial adviser or our Asgard Investor Services team on 1800 998 185.

Yours sincerely



Melinda Howes
General Manager, BT Superannuation

FINAL BENEFIT STATEMENT Asgard Employee Superannuation Account

Account Name	JOHN CHANTRELL
Account Number	5234859-D2-01
Date of Payment	11/10/2021
Date Joined Asgard	02/01/2018

	Total
Opening Balance as at 01/07/2021	\$ 34416.85
Add:	
Earnings on Investments	233.08
Less:	
Tax Paid	438.51
Fees and Costs	69.46
Withdrawals (before PAYG tax)	34141.96
Closing Balance as at 11/10/2021	\$0.00

NET EARNINGS ON INVESTMENTS

	\$
Earnings on Investments	233.08
Less Monthly Management Fees	68.45
Less Tax	(10.27)
Net Earnings on Investments	\$174.90

Net Earnings is the investment return on the assets in your account after payment of any transaction costs, government charges, taxes and duties and charges relating to the management of investment of the assets in your account. Where applicable the management fee amount disclosed in Net Earnings will include Share transaction fees.

Net Rate of Return 0.51%

The Net Rate of Return shows the net earnings rate of your investment after deducting taxes and fees relating to the management of your investments. The methodology used to calculate Net Rate of Return takes into account the opening and closing balances, the value and timing of the transactions and the length of time the transactions stayed in the account. All these factors together may, in certain scenarios, generate large positive or small negative percentages and/or percentages with opposite signs to the reported Net Earnings on Investments.

Ongoing fees and costs include monthly management fees (includes monthly administration fee, trustee fee and expense recovery), other expenses and adviser fees (includes ongoing adviser fee and one off adviser fees but excludes contribution fees). These fees and costs cover the maintenance of investor records, the production of periodic reports, the processing of investment transactions, compliance with all applicable regulatory requirements and the payment of commission to your adviser (as negotiated) for services provided by them.

ASSET DETAILS**Statement of Long Term Returns**

The performance information shown relates to the investments your account was invested in as at the period given. These may not reflect the actual returns you have received on your investment because the value of your return will vary based on the length of time you have held an investment or you have bought or sold an investment.

List of assets that were held as at 30/06/2021

Asset Name	% Returns				Since Inception Date Asset (if less than 10yrs)	Inception Date of Asset
	1 Year	3 Year	5 Year	10 Year		
Cash Holding Account	0.01	0.26	0.31	1.12		
1960s Lifestage PST Fund	17.28	7.41			7.26	19/04/2017

As part of the Stronger Super reforms by the Australian Federal Government, Product Dashboards have been introduced for our MySuper Lifestage Investment Options. These dashboards allow you to compare Investment Options with other super funds. You can access the Product Dashboards for the MySuper Lifestage Investment Options at asgard.com.au > Products & Services > Asgard Employee Super > Investment Options > Asgard MySuper > Product Dashboard for the Asgard MySuper Lifestage Investment Options.

TRANSACTIONS**Withdrawals**

Date	Type	Description	Amount
11/10/2021	DR	BENEFIT PAYMENT	\$ 34141.96
Total			34141.96

Ongoing Fees & Costs

Date	Type	Description	Amount
01/07/2021	DR	MONTHLY MANAGEMENT FEE	\$ 17.03
01/08/2021	DR	MONTHLY MANAGEMENT FEE	17.11
23/08/2021	DR	EXPENSE RECOVERY - GOVERNMENT LEVIES	1.01
01/09/2021	DR	MONTHLY MANAGEMENT FEE	17.19
01/10/2021	DR	MONTHLY MANAGEMENT FEE	17.12
Total			69.46

Tax Paid

Date	Type	Description	Amount
20/07/2021	DR	TAX PROVISION (PAYMENT)	\$ 24.86
20/08/2021	DR	TAX PROVISION (PAYMENT)	76.33
11/10/2021	DR	TAX PROVISION (PAYMENT)	347.74
11/10/2021	DR	TAX PROVISION (PAYMENT)	10.42-
Total			438.51

FEES AND COSTS SUMMARY**Fees deducted directly from your account**

\$ **\$69.46**

This amount has been deducted directly from your account (reflected in the transactions listed on this statement).

Fees and costs deducted from your investment

\$85.94

This approximate amount has been deducted from your investment and covers amounts that have reduced the return on your investment and that are not reflected as transactions listed on this statement or in the Additional explanation of fees and costs.

TOTAL FEES AND COSTS YOU PAID \$155.40

This approximate amount includes all the fees and costs that affected your investment during the period.

Additional explanation of fees and costs

Generally the benefit of any tax deduction to which the Fund is entitled will be passed on to members in the form of reduced fees or costs.

If your account balance is less than \$6000 at the time of exit, the fees and costs charged to you in relation to administration and investment of your superannuation account are capped at 3% per annum of your account balance. Any amount in excess of that cap is refunded to your account.

The fees and costs information shown above may not include all the fees and costs in relation to your underlying investments. For further information regarding the fees and costs of the underlying investment options available through the Product, including an example of total costs for each investment option, please refer to the relevant disclosure statement or other disclosure document, which may be obtained free of charge online by logging in to Investor Online, on request from your adviser (if you have one) or by contacting us.

INSURANCE

There is no insurance cover held.

YOUR ENTITLEMENTS

Withdrawal Benefits

	\$	
Preserved Amount		34141.96
Restricted Non-Preserved Amount		0.00
Unrestricted Non-Preserved Amount		0.00
Total		<u><u>\$34141.96</u></u>

Components of Your Benefit

The components of your benefit are:

	\$	
Tax Free Component		0.00
Taxable Component		34141.96
Total		<u><u>\$34141.96</u></u>

FINAL NET BENEFIT PAYABLE **\$34141.96**

On 11/10/2021, a benefit of \$34141.96 was payable in the event of your death.

OTHER INFORMATION

Enquiries

We are obliged to provide you with any information that you reasonably require to understand your benefit entitlements. Therefore, if you have any queries regarding this report or require further information in relation to this product please contact your financial adviser, ASGARD - HEAD OFFICE on . Alternatively, you can contact our Customer Relations team by telephone on 1800 998 185 or by email to asgard.investor.services@asgard.com.au or by writing to Level 4, Brookfield Place Tower 2, 123 St Georges Terrace, Perth WA 6000.

Complaints Resolution

We have established procedures for dealing with enquiries and complaints. If you have any enquiries or complaints about the operation of your Account, you can write to the Complaints Officer at Level 4, Brookfield Place Tower 2, 123 St Georges Terrace, Perth WA 6000.

If you have made a complaint to the Complaints Officer about a decision and your complaint has not been resolved to your satisfaction, you can contact the Australian Financial Complaints Authority (AFCA) in the following ways:

Online: www.afca.org.au

Email: info@afca.org.au

Telephone: 1800 931 678

Writing to:

Australian Financial Complaints Authority

GPO Box 3 Melbourne VIC 3001.



Rollover benefits statement

When to use this statement

- Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- you are paying a rollover superannuation benefit other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards
- you have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member
- you are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section **D** instead of section **C**).

- You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

Completing this statement

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

- Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund

1 **Australian business number (ABN)**

2 **Fund name**

CHANTRELL FAMILY SUPERANNUATION FUND

3 **Postal address**

28 BRIDPORT STREET

SOUTH MELBOURNE

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

4 (a) **Unique superannuation identifier (USI)**

(b) **Member client identifier**

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title: Mr Mrs Miss Ms Other

Family name

CHANTRELL

First given name

JOHN

Other given names

7 Residential address

28 BRIDPORT STREET

Suburb/town/locality

SOUTH MELBOURNE

State/territory

V I C

Postcode

3 2 0 5

Country if other than Australia

8 Date of birth / /
Day Month Year

9 Sex Male Female

10 Daytime phone number (include area code)

0 4 1 1 1 1 7 5 5 9

11 Email address (if applicable)

johnchantrell@bigpond.com

Section C: Rollover transaction details

 Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date / /
Day Month Year

13 Tax components

Tax-free component \$, , 0 . 0 0

KiwiSaver tax-free component \$, , 0 . 0 0

Taxable component:

Element taxed in the fund \$, 3 4 , 1 4 1 . 9 6

Element untaxed in the fund \$, , 0 . 0 0

Tax components TOTAL \$, 3 4 , 1 4 1 . 9 6

 Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount \$, 34, 141 - 96

KiwiSaver preserved amount \$, , 0 - 00

Restricted non-preserved amount \$, , 0 - 00

Unrestricted non-preserved amount \$, , 0 - 00

Preservation amounts TOTAL \$, 34, 141 - 96

i If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

i Only complete this section if you are a trustee of a non-complying fund.

15 Contributions made to a non-complying fund on or after 10 May 2006

\$, , 0 - 00

Section E: Transferring fund

16 Fund ABN 90 194 410 365

17 Fund name

Asgard Independence Plan - Division 2

18 Contact name

Title: Mr Mrs Miss Ms Other

Family name

BABITA

First given name

BABITA

Other given names

19 Daytime phone number (include area code)

1800998185

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date 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 superannuation fund or other provider shown in section E.

I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

PATRICK BREUER

Trustee, director or authorised officer signature



Date

Day: 11 / Month: 10 / Year: 2021

OR

Authorised representative declaration

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the information supplied by the superannuation provider
- I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the superannuation provider to give the information in the statement to the ATO.

Name (BLOCK LETTERS)

Authorised representative signature

Date

Day: / Month: / Year:

Tax agent number (if you are a registered tax agent)

□□□□□□ □□□

Where to send this form

-  Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in section **A** within seven days of paying the rollover
- provide a copy to the member in section **B** within 30 days of paying the rollover
- keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section **A**)
- use this form only to provide a statement to the member in section **B** within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.