

26 February 2021



Ms Rebecca Pedrick
4 Wildlife Way
SOUTHERN RIVER WA 6110

FirstChoice Employer Super
Account number: 0650 1024 2032

Your rollover has been completed

Dear Ms Pedrick

We enclose the following information for your records:

- A statement confirming the details of your rollover
- A rollover advice statement which was also sent to your nominated fund(s)

From listening to our investors we know that superannuation can be complex and confusing, so we have put together an information sheet to help you. It outlines some implications of withdrawing from super that you may not be aware of. To get a copy of 'Things to watch for when you withdraw funds or rollover' please call us or download a copy from our website colonialfirststate.com.au.

Need more information?

If you would like to discuss this, please contact your financial adviser or call us on 1300 654 666 Monday to Friday, 8am to 7pm, Sydney time.

Yours sincerely

Scott Henricks
General Manager Client Operations

WITHDRAWAL CONFIRMATION
Colonial First State FirstChoice Employer Super

Ms Rebecca Pedrick

Account number: 0650 1024 2032

Withdrawal summary

Date of withdrawal	25 February 2021
Gross withdrawal amount	\$47,875.00
Net withdrawal amount	\$47,875.00

Investment option details

Investment option	Units withdrawn	Unit price \$	Refund amount \$	Withdrawal amount \$
FirstChoice Moderate Select	15,509.1795	1.6308	\$0.00	\$25,292.37
FirstChoice Lifestage 1985-89	12,502.1480	1.8063	\$0.00	\$22,582.63
Total withdrawal amount				\$47,875.00

Tax details

The tax components of your withdrawal were:

Tax free	\$2,259.28
Taxable	\$45,615.72
Total	\$47,875.00

Preservation details

Preservation details determine when you can access your funds. Your investment balance of \$47,041.94 is made up of:

A preserved amount that you can generally only access when you reach retirement age	\$47,041.94
A restricted non-preserved amount that you can generally access if you have left your employer	\$0.00
An unrestricted non-preserved amount that you can access at any time - although there may be tax implications to be aware of.	\$0.00

Non-lapsing death benefit nomination

Your nomination details tell us who you would like to receive your investment in the event of your death.

Person nominated	Date of birth (of nominee)	Relationship	Percentage of benefit (%)
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No nomination supplied

Tax File Number Supplied

Future investment selection details

The investment allocation shown below will be used for all future transactions unless you tell us otherwise. This means any additional contributions you make to your account will be invested in line with the allocation outlined below.

Investment option(s)	% Allocation
FirstChoice 1985-89	100.00

If your account includes a suspended, restricted or unavailable option, we will invest that allocation into an alternative option.

Certain options are excluded from your **future investment selection**. For further information please refer to the 'Other information you need to know' section of the Product Disclosure Statement available on our website, contact us or speak to your financial adviser.

To change your future investment selection, please log in to FirstNet and select Investment allocation or call us. We recommend you speak to your financial adviser before making any changes to your account.

Rollover Benefit Statement

Individual's copy

t0001297h-0222230-0000072

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

**Unit 2 278 Beaufort St
PERTH WA 6000**

Unique Superannuation Identifier (USI):

Member client identifier:

SECTION B: MEMBER'S DETAILS

Tax file number (TFN):

Title:

Family name:

Given name:

Other given names:

Residential address:

Suburb/town: State/territory: Postcode:

Country if other than Australia:

Date of birth: Sex (M/F):

Daytime phone number (including area code):

Email address (if applicable):

SECTION C: DEATH BENEFIT ROLLOVER TRANSACTION DETAILS

Income stream taxation indicator:

TFN of deceased member:

Full name of deceased member:

Title: Family name:

First given name:

Other given names:

Date of birth of deceased member:

Service period start date:

Tax components:

Tax-free component

KiwiSaver Tax-free component

Taxable component

▪ Element taxed in the fund, and

▪ Element untaxed in the fund

TOTAL Tax Components

Preservation amounts:

Preserved amount

KiwiSaver preserved amount

Restricted non-preserved amount

Unrestricted non-preserved amount

TOTAL Preservation Amounts

SECTION D: DEPENDENT CHILD DEATH BENEFIT ROLLOVER DETAILS

Value of interest at member's death:

Retirement phase:

Accumulation phase:

% share of above for this dependant



SECTION E: TRANSFERRING FUND

ABN:

Fund's name:

Contact name:

Telephone no:

SECTION F: DECLARATION

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

Name:

Signature of authorised person:

Date:

Rollover Benefit Statement

Roll-over fund copy

t0001297h-0222230-0000072

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

Unique Superannuation Identifier (USI):

Member client identifier:

SECTION B: MEMBER'S DETAILS

Tax file number (TFN):

Title:

Family name:

Given name:

Other given names:

Residential address:

Suburb/town: State/territory: Postcode:

Country if other than Australia:

Date of birth: Sex (M/F):

Daytime phone number (including area code):

Email address (if applicable):

SECTION C: DEATH BENEFIT ROLLOVER TRANSACTION DETAILS

Income stream taxation indicator:

TFN of deceased member:

Full name of deceased member:

Title: Family name:

First given name:

Other given names:

Date of birth of deceased member:

Service period start date:

Tax components:

Tax-free component

KiwiSaver Tax-free component

Taxable component

▪ Element taxed in the fund, and

▪ Element untaxed in the fund

TOTAL Tax Components

Preservation amounts:

Preserved amount

KiwiSaver preserved amount

Restricted non-preserved amount

Unrestricted non-preserved amount

TOTAL Preservation Amounts

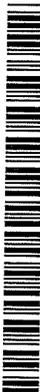
SECTION D: DEPENDENT CHILD DEATH BENEFIT ROLLOVER DETAILS

Value of interest at member's death:

Retirement phase:

Accumulation phase:

% share of above for this dependant



SECTION E: TRANSFERRING FUND

ABN: 26458298557

Fund's name: Colonial First State FirstChoice Employer Super

Contact name: Scott Henricks

Telephone no: 13 13 36

SECTION F: DECLARATION

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

Name: Scott Henricks

Signature of authorised person: 

Date: 25 February 2021