

BENEFIT CONFIRMATION

SECTION A – FUND DETAILS	
Fund name	Mahoney Family Super Plan
Balance Date	30 June 2022

SECTION B – DETAILS OF PERSON MAKING THE CONFIRMATION
<p>I hereby confirm that the amounts and allocations detailed below accurately reflect the benefit payments drawn by the members in respect of the year of income in Section A.</p> <p>If there has been a reduction in the minimum pension payment taken in accordance with the temporary 50% reduction this decision was made and communicated to the fund's trustee and accepted.</p>

MEMBER NAME	Christine Mahoney	Patrick Mahoney
PENSION PAYMENTS	\$47,390.00	\$63,450.00
LUMP SUM WITHDRAWALS	N/A	N/A

SIGNATURE OF PERSON MAKING THE CONFIRMATION
<div style="display: flex; justify-content: space-between;"><div>Signature: _____</div><div>Date: / /</div></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div>Christine Mahoney</div><div>Patrick Mahoney</div></div>