

**BENEFIT CONFIRMATION**

SECTION A – FUND DETAILS	
Fund name	Mahoney Family Super Plan
Balance Date	30 June 2023

<b>SECTION B – DETAILS OF PERSON MAKING THE CONFIRMATION</b>
<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	PENSION PAYMENTS	LUMP SUM WITHDRAWALS
Christine Mahoney	\$46,590.00	N/A
Patrick Mahoney	\$61,750.00	N/A

<b>SIGNATURE OF PERSON MAKING THE CONFIRMATION</b>
<div>Signature: _____ Date:    /    /</div> <div>Christine Mahoney    Patrick Mahoney</div>