

Section E: Transferring fund

ABN

70 732 426 024

Your fund's name

MLC Super Fund

Contact name

Sam Wall

Email Address (if applicable)

Phone number

132 652

Section F: Declaration

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.

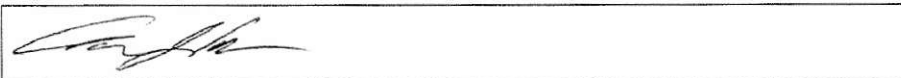
I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

Name

Sam Wall

Trustee, director or authorised officer signature



Date

15 June 2022