

L & C REYNOLDS SUPER FUND  
37 MC ILWRAITH ROAD  
JOYNER QLD 4500

Dear Trustee(s)

**L & C REYNOLDS SUPER FUND**  
**Member Declaration of Permanent Retirement**

I, Lawrence Reynolds, being a Member of the above mentioned superannuation fund, hereby declare that:

- I have permanently retired from the workforce on 31/03/2019; and
- I genuinely intend to never again become gainfully employed, either on a full-time or a part-time basis.

I understand that having declared the above, I have met the definition of 'retirement' under superannuation law and would therefore have unrestricted access to my superannuation benefits.

Yours sincerely

.....  
Lawrence Reynolds

.....  
Date

**PAYG Payment Summary - Superannuation Income Stream**  
Payment summary for year ending 30 June 2019

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

**Payee Details**

Payee's surname or family name

REYNOLDS

Payee's given name(s)

LAWRENCE

Payee's address

37 MC ILWRAITH ROAD

JOYNER

QLD 4500

Date of birth

13/02/1959

**NOTICE TO PAYEE** If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can: - visit [www.ato.gov.au](http://www.ato.gov.au) - refer to TaxPack - phone 132861

Period of payment 01/07/2018 to 31/03/2019

Payee's Tax File Number

483107494

Total Tax Withheld \$

Taxable component

Taxed element

\$ 34,002

Untaxed element

\$

Tax free component

\$ 10,998

Tax offset amount

\$ 5,100

Lump sum in arrears - taxable component

\$

Lump sum in arrears - tax free component

\$

**Payer Details**

Payer's ABN or Withholder Payer Number

26213074551

Branch Number

Payer's Name

L & C REYNOLDS SUPER FUND

Signature of authorised person

Date

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