

BENEFIT CONFIRMATION

SECTION A – FUND DETAILS

Fund name	John and Susan Finlayson Super Fund
Balance Date	30 June 2023

SECTION B – DETAILS OF PERSON MAKING THE CONFIRMATION

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.

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.

MEMBER NAME	PENSION PAYMENTS	LUMP SUM WITHDRAWALS
John Finlayson	\$10,000.00	N/A
Susan Finlayson	N/A	N/A

SIGNATURE OF PERSON MAKING THE CONFIRMATION

Signature: _____	_____	Date: / /
John Finlayson – Director Finlayson SMSF Pty Ltd	Susan Finlayson – Director Finlayson SMSF Pty Ltd	