

15 MAY 2019

THE TRUSTEES  
LOVISA SUPER  
2 DIANELLA COURT  
ANNANDALE QLD 4814

BERNADETTE MARGARET LOVISA  
2 DIANELLA COURT  
ANNANDALE QLD 4814

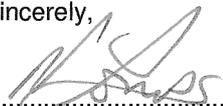
Dear Member,

**RE: PAYMENT OF BENEFITS AS AN ELIGIBLE TERMINATION PAYMENT**

The Trustees have met and have approved the lump sum payment of \$88,091.00 of the benefits available to you in LOVISA SUPER, and will do all necessary things to pay the benefit as soon as possible on or after the 16 MAY 2019.

Yours Sincerely,

**SIGN**

  
.....  
NOEL LOVISA

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**MINUTES OF A MEETING OF**  
LOVISA SERVICES PTY LTD (ACN 169 804 166)  
**AS TRUSTEE FOR:-**  
LOVISA SUPER  
**HELD AT:**  
2 DIANELLA COURT  
ANNANDALE QLD 4814  
**ON: 15 MAY 2019**

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**PRESENT:** NOEL LOVISA (Chairman)  
BERNADETTE LOVISA

**ALLOCATED  
PENSION  
REQUEST:**

The Chairman tabled a letter from BERNADETTE MARGARET LOVISA, a Member of LOVISA SUPER, requesting that \$88,091.00 of the benefit available to the member, be paid in the form of a lump sum.

The Chairman also tabled the most recent fund records available, confirming that:-

- (a) The Member is of an age when benefits may commence to be paid to the Member.
- (b) The Member has sufficient benefits in the Member's Accumulation Account which have met a Condition of Release (pursuant to the Superannuation Industry Supervision Regulations) to meet the requested amount.
- (c) The Member has sufficient benefits which have a nil cashing restriction.
- (d) The Fund's Governing Rules allows the payment of a lump sum to Members, upon their request.

**RESOLVED:** That the Trustee approve payment of a lump sum, representing \$88,091.00 from the benefits available.

**CLOSURE:** There being no further business, the meeting was declared closed.

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Signed as a Correct Record

**SIGN**

  
.....  
NOEL LOVISA

15 MAY 2019

THE TRUSTEES  
LOVISA SUPER  
2 DIANELLA COURT  
ANNANDALE QLD 4814

Dear Sir/Madam,

**RE: PAYMENT OF MY ACCUMULATED BENEFITS IN LOVISA SUPER**

I am currently a member of LOVISA SUPER and, being entitled to receive payment of my benefits in the amount listed below, request that the Trustee(s) of the Fund pay these benefits from the Fund as a lump sum.

My relevant details are as follows:-

**Full Name:** BERNADETTE MARGARET LOVISA

**Address:**  
**Date of Birth:** 1 JUNE 1963

**Amount of Death Benefit to be  
used to fund payment:** \$88,091.00

Please do all necessary things to pay my benefit on or as soon as possible after the 16 MAY 2019.

Yours Sincerely,

**SIGN**

  
BERNADETTE MARGARET LOVISA