

30 August 2021

M & M Barron Superannuation Fund
PO Box 173
MAROUBRA NSW 2035

Client ID
10351519
Account number
6562003

Dear Sir/Madam

Re: Transfer from Australian Catholic Superannuation Fund

We confirm that a payment of \$123244.29 has been made to your Fund's nominated bank account on behalf of member, Mr Mark Barron .

Please find enclosed a Rollover Benefit Statement.

Should you require any further information, please contact the Fund Office on 1300 658 776 .

Yours sincerely



Douglas Taylor
Administration Manager

Rollover benefits statement

Section A: Receiving fund's details

1 Australian business number (ABN)

2 Name

3 Postal address

Street address

Suburb/town/locality

State/territory

Postcode

Country

4a Unique Superannuation Identifier (USI)

4b Member client identifier

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title

Family name

First given name

Other given names

7 Postal address

Street address

Suburb/town/locality

State/territory

Postcode

Country

8 Date of birth
Day / Month / Year

9 Sex

10 Daytime phone number

11 Email address

thebarrons@dodo.com.au

Section C: Rollover transaction details

Day / Month / Year

12 Service period start date

1/09/2014

13 Tax components

Tax-free component

\$0.00

KiwiSaver Tax-free component

\$0.00

Taxable component:

Element taxed in the fund

\$123,244.29

Element untaxed in the fund

\$0.00

TOTAL Tax Components

\$123,244.29

14 Preservation amounts

Preserved amount

\$123,244.29

KiwiSaver preserved amount

\$0.00

Restricted non-preserved amount

\$0.00

Unrestricted non-preserved amount

\$0.00

TOTAL Preservation Amounts

\$123,244.29

Section D: Non-complying funds

15 Contributions made to a non-complying fund

on or after 10 May 2006

\$0.00

Section E: Transferring fund

16 Fund's ABN

24680629023

17 Fund's name

The Trustee for Australian Catholic Superannuation and Retirement Fund

18 Contact name

Title

Mr

Family name

Cantor

First given name

Greg

Other given names

19 Email address

ato@catholicsuper.com.au

20 Daytime phone number

02 9715 0000

Section F: Declaration

Complete the declarations that apply to you. Print your full name then sign and date declaration.

Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

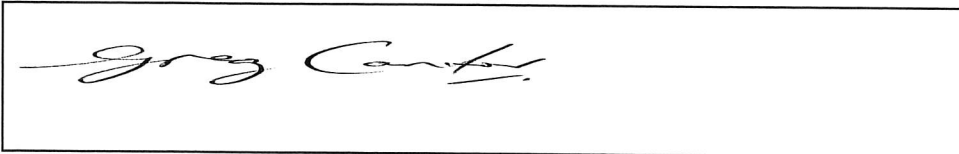
Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

Mr Greg Cantor

Trustee, director or authorised officer signature



Date

Day / Month / Year

23/08/2021

OR

AUTHORISED REPRESENTATIVE DECLARATION:

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

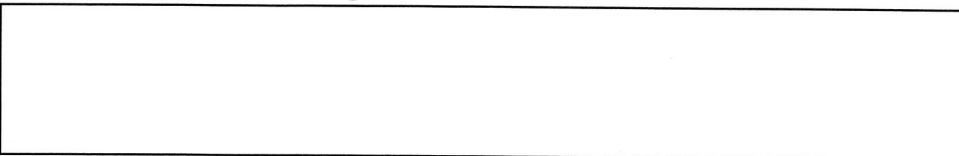
I have prepared the statement with the information supplied by the superannuation provider.

I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct.

I am authorised by the superannuation provider to give the information in the statement to the ATO.

Name (BLOCK LETTERS)

Authorised representative signature



Date

Day / Month / Year

23/08/2021

Tax Agent number

