

01 SEP 2021

Telephone:

1800 680 627

000022

M & M BARRON SUPERANNUATION FUND PO Box 173

MAROUBRA NSW 2035

Tax File No:

Dear Sir/Madam,

RE: Club Plus Superannuation Scheme

We are pleased to advise that we have sent an amount of \$94,753.69 by electronics funds transfer to the financial institution as instructed. It represents the amount transferred from the above mentioned fund by Mrs M Barron.

A Rollover Benefits Statement is enclosed with this letter.

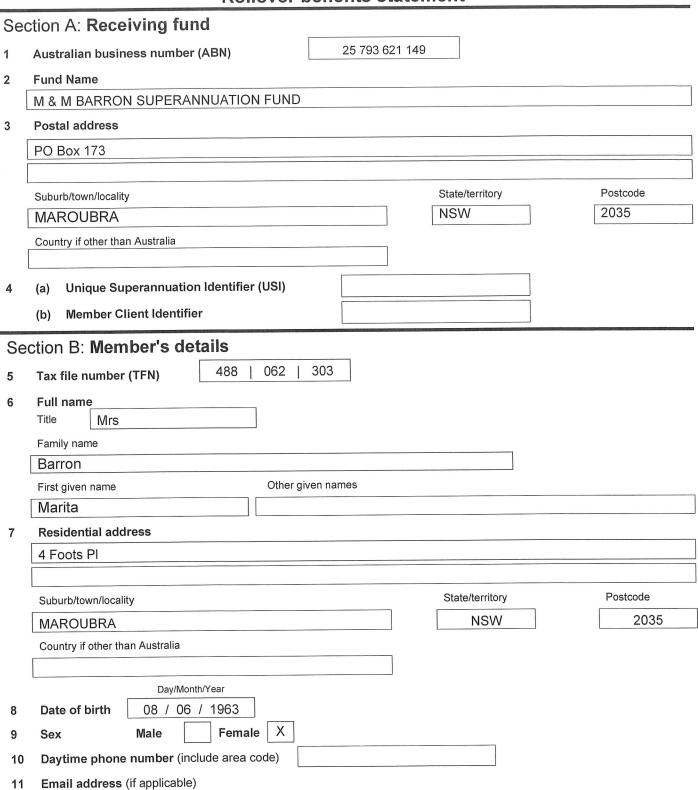
If you have any questions please call us on Freecall 1800 813 327.

Adrian Perera For and on behalf of the Administrator Club Plus Superannuation Scheme

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## Rollover benefits statement





maritambarron@gmail.com

Section C: Rollover transaction details						
12	Service period start date  Day/Month/Year  31 / 07 / 20					
13	Tax components:					
	Tax-free component	\$	0.00			
	KiwiSaver tax-free component	\$	0.00			
	Taxable component:			j		
	Element taxed in the fund	\$ 94,75	53.69			
	Element untaxed in the fund	\$	0.00			
		TOTAL Tax compo	nents	\$	94,753.69	]
14	Preservation amounts:				,.	J
	Preserved amount	\$ 94,75	3.69			
	KiwiSaver preserved amount	\$	0.00			
	Restricted non-preserved amount	\$	0.00			
	Unrestricted non-preserved amount	\$	0.00			
	Т	OTAL Preservation Amo	ounts	\$	94,753.69	
Section D: Non-complying funds						
15	Contributions made to a non-complying fu	nd on or after 10 May	2006	\$	0.00	
Section E: Transferring fund						
16	16 Fund's ABN 95   275   115   088					
17	Fund's name Club Plus Superannuation Scheme					
18	Contact name					
	Club Plus Super Contact Centre					
19	Daytime phone number (include area Code)	1800 680 627				
20	Email address (if applicable)					
	member@clubplussuper.com.au					
Section F: Declaration						
	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					
	JOE NEKIC					
	Authorised representative signature					
	JOE NEKIC					
						Day / Month / Year
					Date	01 / 09 / 2021

Date