



**Australian Government**  
**Australian Taxation Office**

**Agent** DGZ  
**Client** CASTLES FAMILY  
SUPERANNUATION FUND  
**ABN** 85 636 102 894

## Transfer balance account report

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**Transaction ID** 2410657770159

### Provider

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**Name** CASTLES FAMILY SUPERANNUATION FUND  
**ABN** 85636102894

### Supplier

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**Name** B.V GROGAN & S.D GROGAN  
**ABN** 20741591824  
**Contact name** MIRANDA EXELBY  
**Contact phone number** 07 41524677

### Event

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**Reporting event** Superannuation income stream  
**Reported effective date** 01/07/2020  
**Value** \$4,205.41

### Member

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### Details

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**Tax file number (TFN)** 478422611  
**Title** Mr

<b>Family name</b>	CASTLES
<b>First given name</b>	LESTER
<b>Second given name</b>	GERARD
<b>Date of birth</b>	14/10/1952

## Address

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440 CLAYTON RD  
ALLOWAY QLD 4670  
AUSTRALIA

## Account details

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<b>Type</b>	Account based income stream
<b>Status</b>	Account is closed
<b>Account number</b>	CASLES00154P
<b>Client number</b>	CASTLEST0001

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<b>Is this a cancellation of a previous report?</b>	No
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### Declaration

- > I have prepared the statement with the information supplied by the superannuation provider / life insurance company (as applicable)
- > I have received a declaration made by the superannuation provider / life insurance company (as applicable) that the information provided to me for the preparation of this statement is true and correct
- > I am authorised by the superannuation provider / life insurance company (as applicable) to give the information in the statement to the ATO

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