

Letter to Trustee from Member
Seeking to Commence an Allocated Pension

01/07/2007

George Frank Zimbos
15 Brookvale Ave
BROOKVALE NSW 2100

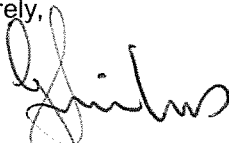
Dear Trustee,

RE: ALLOCATED PENSION BENEFITS

I am currently a member of the Dee Why Plumbers Super Fund. I hereby request the trustees to commence an allocated pension with 100% of the superannuation benefits standing to my member's account in the fund.

Should you require any further information please do not hesitate to contact me.

Yours sincerely,



George Frank Zimbos

Letter to Member Acknowledging Receipt of Request to Make Payment in the Form of a Pension

01/07/2007

George Frank Zimbos

15 Brookvale Ave
BROOKVALE NSW 2100

Dear George Frank Zimbos,

RE: ALLOCATED PENSION BENEFITS

We refer to your request to the trustees of the Dee Why Plumbers Super Fund to commence as allocated pension on your behalf with 0.00 standing to your member's account in the Fund.

The trustees have reviewed your benefits and confirm that an allocated pension is available to be paid to you. In order to commence the pension we need you to complete the following information as soon as possible:

Commencement Date of Pension: You have informed the trustees that the commencement date of the pension is 01/07/2007. If you wish to change this date please inform the trustees in writing as soon as possible.

Proposed Pension Payment: Under the superannuation legislation you must take at least one pension payment per year and this must fall within the minimum and maximum limits for your age. As you are commencing the pension part way through the year the minimum and maximum limits have been adjusted accordingly.

Member Account	Start Date	Minimum	Maximum
Account Based Pension	01/07/2007	27,000	None

My pension for the year ended 30 June 2008 is 44,779.57

If you do not specify an amount by the first payment date, the trustees will pay the maximum amount to you.

Frequency of Pension Payment: The trustees have decided to pay your pension for the year ended 30 June 2008 in one lump sum on 30 June 2008. If you wish to change the frequency of payment, please advise the trustees in writing as soon as possible. Please also advise the trustees on the preferred manner of payment.

Completion of Tax Forms: As a pension member of the Dee Why Plumbers Super Fund you are required to complete an Annuity and Pension Declaration Form. This form is necessary for the trustees to determine the amount of tax to be withheld from the payment under the PAYG withholding regime. In the form you may request the trustees to take into account any potential deductible amount and rebates. Please complete the form and forward to the trustees prior to the commencement of your pension.

Could you please complete all the information as requested in this letter, fill in the enclosed Annuity and Pension Declaration Form and return to the trustees as soon as possible.

Yours sincerely,

George Frank Zimbos

Dee Why Plumbers Pty Ltd

Dee Why Plumbers Pty Ltd Superannuation Fund

Pension Application Form

We recommend that you seek the advice of your financial planner before you make a commitment to a pension.

1. Member number

Member number _____

2. Personal details

Title _____ Surname _____ Given names _____

Address _____

State _____ Postcode _____ Daytime phone () _____

Date of birth _____ / _____ / _____ Sex M / F (please circle)

3. Tax File Number

Collection of Tax File Numbers (TFNs) is authorised and their use and disclosure are strictly regulated by tax laws and the Privacy Act. It is not an offence if you do not provide a TFN, however if you do not quote it tax will be deducted at the highest marginal rate of taxation which is currently 48.5% (including Medicare Levy).

Tax File Number:

4. Pension payment

Part A: I hereby apply for a total release of my benefit ☐ (please tick)

Part B: I hereby apply for a partial release of my benefit ☐ (please tick)

Specify amount \$ _____

Type of Pension:

☐ Allocated Pension

How much do you want to receive as your pension payment?

☐ Minimum level ☐ Maximum level Or \$..... (subject to minimum & maximum levels)

☐ Term Allocated Pension (also known as 'market linked pension')

☐ Non-commutable Pension

Pension Payment Frequency:

☐ Yearly ☐ Half-yearly ☐ Quarterly ☐ Monthly

When do you want the payments to begin? _____ / _____ /20

How would you like to receive your payment? _____

By cheque ☐ (please tick)

By electronic transfer ☐ (please tick) *Please provide details below*

Bank name and address _____

Post code _____

Account name _____

You must be one of the account holders

BSB number _____

Account number _____

5. Reversionary Beneficiary Option

In the event of your death, would you like to nominate a reversionary beneficiary?

Name of dependant to receive Reversionary Pension:

Surname _____

Given names _____

Relationship to applicant _____

Date of birth / /

Sex M/F (please circle)

6. Condition of Release

The law restricts your ability to withdraw your superannuation benefit; therefore we need to know the reason for your withdrawal.

☐ I have reached my preservation age and have permanently retired from the workforce.

Born on or after

Preservation Age

1 July 1960	56 years
1 July 1961	57 years
1 July 1962	58 years
1 July 1963	59 years
1 July 1964	60 years

☐ I have reached my preservation age and want to receive a non-commutable pension while continuing to work

☐ I am over the age of 60 and declare that I have left my employer after my 60th birthday

☐ I am over the age of 65 and wish to claim a lump sum benefit

☐ Unpreserved benefits *(these can be withdrawn at any time)*

☐ Permanently incapacitated

(You will need to provide 2 medical certificates stating that you are unable to return to the workforce by 2 independent doctors or specialists)

Date of retirement or ceasing work

/ /

6. Declaration

I declare that the information that I have given in this form is true.

Signature _____

Date

/ /

Letter to Trustee from Member
Seeking to Commence an Allocated Pension

01/07/2007

Doreen May Zimbos

15 Brookvale Ave

BROOKVALE NSW 2100

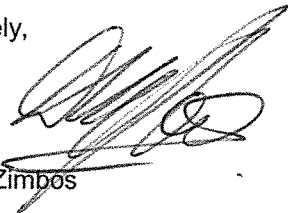
Dear Trustee,

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I am currently a member of the Dee Why Plumbers Super Fund. I hereby request the trustees to commence an allocated pension with 100% of the superannuation benefits standing to my member's account in the fund.

Should you require any further information please do not hesitate to contact me.

Yours sincerely,



Doreen May Zimbos

Letter to Member Acknowledging Receipt of Request to Make Payment in the Form of a Pension

01/07/2007

Doreen May Zimbos

15 Brookvale Ave

BROOKVALE NSW 2100

Dear Doreen May Zimbos,

RE: ALLOCATED PENSION BENEFITS

We refer to your request to the trustees of the Dee Why Plumbers Super Fund to commence as allocated pension on your behalf with 0.00 standing to your member's account in the Fund.

The trustees have reviewed your benefits and confirm that an allocated pension is available to be paid to you. In order to commence the pension we need you to complete the following information as soon as possible:

Commencement Date of Pension: You have informed the trustees that the commencement date of the pension is 01/07/2007. If you wish to change this date please inform the trustees in writing as soon as possible.

Proposed Pension Payment: Under the superannuation legislation you must take at least one pension payment per year and this must fall within the minimum and maximum limits for your age. As you are commencing the pension part way through the year the minimum and maximum limits have been adjusted accordingly.

Member Account	Start Date	Minimum	Maximum
Account Based Pension	01/07/2007	14,530	None

My pension for the year ended 30 June 2008 is 15,000.00

If you do not specify an amount by the first payment date, the trustees will pay the maximum amount to you.

Frequency of Pension Payment: The trustees have decided to pay your pension for the year ended 30 June 2008 in one lump sum on 30 June 2008. If you wish to change the frequency of payment, please advise the trustees in writing as soon as possible. Please also advise the trustees on the preferred manner of payment.

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Could you please complete all the information as requested in this letter, fill in the enclosed Annuity and Pension Declaration Form and return to the trustees as soon as possible.

Yours sincerely,

Doreen May Zimbos

Dee Why Plumbers Pty Ltd

Dee Why Plumbers Pty Ltd Superannuation Fund

Pension Application Form

We recommend that you seek the advice of your financial planner before you make a commitment to a pension.

1. Member number

Member number _____

2. Personal details

Title _____ Surname _____ Given names _____

Address _____

State _____ Postcode _____ Daytime phone () _____

Date of birth _____ / _____ / _____ Sex M / F (please circle)

3. Tax File Number

Collection of Tax File Numbers (TFNs) is authorised and their use and disclosure are strictly regulated by tax laws and the Privacy Act. It is not an offence if you do not provide a TFN, however if you do not quote it tax will be deducted at the highest marginal rate of taxation which is currently 48.5% (including Medicare Levy).

Tax File Number:

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Part A: I hereby apply for a total release of my benefit ☐ (please tick)

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Specify amount \$ _____

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☐ Minimum level ☐ Maximum level Or \$..... (subject to minimum & maximum levels)

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By electronic transfer ☐ (please tick) *Please provide details below*

Bank name and address _____

Post code _____

Account name _____

You must be one of the account holders

BSB number _____

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Name of dependant to receive Reversionary Pension:

Surname _____ Given names _____

Relationship to applicant _____

Date of birth / /

Sex M/F (please circle)

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Born on or after

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☐ I have reached my preservation age and want to receive a non-commutable pension while continuing to work

☐ I am over the age of 60 and declare that I have left my employer after my 60th birthday

☐ I am over the age of 65 and wish to claim a lump sum benefit

☐ Unpreserved benefits (*these can be withdrawn at any time*)

☐ Permanently incapacitated
(*You will need to provide 2 medical certificates stating that you are unable to return to the workforce by 2 independent doctors or specialists*)

Date of retirement or ceasing work / /

6. Declaration

I declare that the information that I have given in this form is true.

Signature _____

Date / /