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2 October 2020

$\$367,488.87 + \$1,159.29 = \$368,654.16$



The Trustee for P & L Duffy Super Fund
C/-VIRTU SUPER
PO Box 83
MOUNT GRAVATT QLD 4122

NULIS Nominees (Australia) Limited
ABN 80 008 515 633
AFSL 236465
RSE L0000741

MLC Super Fund
ABN 70 732 426 024

105-153 Miller Street
North Sydney NSW 2060
Australia

Tel 132 652

mlc.com.au

Dear Sir/Madam

MLC MasterKey Super Fundamentals and MLC MasterKey Pension Fundamentals

Account Number: 009751170

Name: Lynette Anne Duffy

Your policy no: LYNETTE DUFFY

Re: Rollover to your fund

Please find enclosed a copy of the Rollover Benefits Statement. An amount of **\$367,488.87** which represents a rollover to your fund by the above mentioned client has been electronically transferred to your bank account. This was completed on 30 September 2020.

If you have any queries please contact the MasterKey Service Centre on 132 652 any weekday between 8am and 6pm (Sydney time).

Yours faithfully

MLC
132 652

This has been prepared by NULIS Nominees (Australia) Limited (ABN 80 008 515 633 AFSL 236465), the Trustee of the MLC Super Fund (ABN 70 732 426 024) and the product issuer.



Rollover Benefits Statement

Section A: Receiving funds details

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

The Trustee for P & L Duffy Super Fund
C/-VIRTU SUPER
PO Box 83
MOUNT GRAVATT QLD 4122

Receiving fund's ABN
USI (Unique
Superannuation Identifier)
MCI (Member Client
Identifier)

43 526 492 069

LYNETTE DUFFY

Section B: Member's details

Title	Mrs	Family name	Duffy
First given name	Lynette		
Other given names	Anne		
Residential Address	Unit 295 39 Wearing Road BARGARA State QLD Country AUSTRALIA Postcode 4670		
Date of birth	20/09/1946	Sex (M/F)	F Tax File Number 482-274-751
Daytime phone number	610743310595	Email Address (if applicable)	lyn@duffyfamily.com.au

Section C: Rollover transaction details

Service period start date	01/04/1974		
Tax components	Preservation amounts		
Tax free component	296,457.87	Preserved amount	0
KiwiSaver tax free component	0	KiwiSaver preserved amount	0
Taxable component:		Restricted non-preserved amount	0
Element taxed in the fund	71,031	Unrestricted non-preserved amount	367,488.87
Element untaxed in the fund	0		
Tax components TOTAL	367,488.87	Preservation amounts TOTAL	367,488.87

Section D: Non-complying funds

Contributions made to a non-complying fund on or after 10 May 2006		
ABN		
Your fund's name		
Contact name	Email address if applicable	Phone number
Signature of authorised person		Date
You must send the original of this form to the receiving super fund within seven days of making the rollover payment. Keep a copy for your records and give a copy to the member within 30 days of making the rollover payment.		

Section E: Transferring fund

ABN	70 732 426 024		
Your fund's name	MLC Super Fund		
Contact name	Sam Wall	Email Address (if applicable)	Phone number 132 652

Section F: Declaration

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)

Name Sam Wall

Trustee, director or authorised officer signature



Date 30 September 2020

28 MAY 2021

DUF06S1/EM



C2

21 May 2021



The Trustee for P & L Duffy Super Fund
PO Box 83
MOUNT GRAVATT QLD 4122

NULIS Nominees (Australia) Limited
ABN 80 008 515 633
AFSL 236465
RSE L0000741

MLC Super Fund
ABN 70 732 426 024

105-153 Miller Street
North Sydney NSW 2060
Australia

Tel 132 652

mlc.com.au

Dear Sir/Madam

Funds for: Lynette Anne Duffy
Our reference: 054760606
MLC MasterKey Business Super
Your policy no: LYNETTE DUFFY

Please find enclosed a copy of the Rollover Benefits Statement. An amount of \$1,165.29 which represents a rollover to your fund by the above mentioned client has been electronically transferred to your bank account. This was completed on 17 May 2021.

If you have any queries please contact the MLC MasterKey Service Centre on 132 652 any weekday between 8am and 6pm (Sydney time).

Yours faithfully

MLC
132 652

This has been prepared by NULIS Nominees (Australia) Limited (ABN 80 008 515 633 AFSL 236465), the Trustee of the MLC Super Fund (ABN 70 732 426 024) and the product issuer.

Rollover Benefits Statement

Section A: Receiving funds details

The Trustee for P & L Duffy Super Fund
PO Box 83
MOUNT GRAVATT QLD 4122

**THIS FORM DOES NOT HAVE TO BE
INCLUDED IN A TAX RETURN**

Receiving fund's ABN
USI (Unique
Superannuation Identifier)
MCI (Member Client
Identifier)

43 526 492 069

LYNETTE DUFFY

Section B: Member's details

Title	Mrs	Family name	Duffy
First given name	Lynette		
Other given names	Anne		
Residential Address	Unit 295 39 Wearing Road BARGARA State QLD Country AUSTRALIA Postcode 4670		
Date of birth	20/09/1946	Sex (M/F)	F Tax File Number 482-274-751
Daytime phone number	Email Address (if applicable) lyn@duffyfamily.com.au		

Section C: Rollover transaction details

Service period start date	03/12/2020
Tax components	Preservation amounts
Tax free component	0 Preserved amount 0
KiwiSaver tax free component	0 KiwiSaver preserved amount 0
Taxable component:	Restricted non-preserved amount 0
Element taxed in the fund	1,165.29 Unrestricted non-preserved amount 1,165.29
Element untaxed in the fund	0
Tax components TOTAL	1,165.29 Preservation amounts TOTAL 1,165.29

Section D: Non-complying funds

Contributions made to a non-complying fund on or after 10 May 2006	
ABN	
Your fund's name	
Contact name	Email address if applicable Phone number
Signature of authorised person	Date
Compass	You must send the original of this form to the receiving super fund within seven days of making the rollover payment. Keep a copy for your records and give a copy to the member within 30 days of making the rollover payment.

Section E: Transferring fund

ABN

70 732 426 024

Your fund's name

MLC Super Fund

Contact name

Helen Murdoch

Email Address (if applicable)

Phone number

132 652

Section F: Declaration

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)

Name

Helen Murdoch

Trustee, director or authorised officer signature



Date

17 May 2021