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FILE NOTE

BY: RACHEL GREEN-LUTHER
SUBJECT: MISSING ROLLOVER BENEFIT STATEMENT
DATE: 6 APRIL 2022
CLIENT: WALKER SUPERANNUATION FUND

The super fund received \$5,058.17 deposit on 17/02/2021 from CommInsure/Colonial First State FirstChoice Superannuation Trust, originally dated on letter 26/02/2020.

This deposit is essentially a refund of life insurance premiums overpaid in an insurance-only retail super fund.

The deposit is a rollover from CommInsure/Colonial First State FirstChoice Superannuation Trust – Total Care Plan Super (member number 02709920) (referred as CommInsure/CFS), into the SMSF – see Benefit Payment/Preseved Benefit Transfer application form.

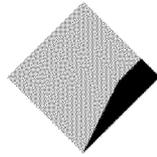
Zach of MT Wealth has contacted both CommInsure and Colonial First State FirstChoice Superannuation Trust, who both claim no rollover benefit statement exists for the \$5,058.17 rollover.

Due to the lack of records, we have reconstructed the estimated tax free and taxable components, based on the below timeline.

Rough Timeline:

- 14/03/2018 – Member rolls their entire SMSF balance into Sunsuper
 - o Adviser setups CommInsure/CFS to pay the member life insurance
 - o Sunsuper does partial rollouts into CommInsure/CFS.
 - o Member's CommInsure life insurance originally owned by SMSF is transferred to CommInsure/CFS.
- 05/08/2019 – Sunsuper has a partial rollout to CommInsure/CFS, so CommInsure/CFS could pay for the life insurance premiums.

- 09/12/2019 – Sunsuper rolled the entire balance to the SMSF
- 26/02/2020 - CommInsure/CFS cancels/transfers the life insurance and rolled the entire balance to the SMSF



**Copy only -
for your information**

26 Feb 2020

L400M5E

Mr Kristopher Martin
KDM Financial and Estate Planning Pty Ltd
Po Box 1066
MILTON QLD 4064

Dear Mr Martin

Colonial First State FirstChoice Superannuation Trust**Total Care Plan Super 02709920 Life Insured David Walker**

Following the cancellation of the above policy on 26 Feb 2020, please find enclosed an Exit Statement giving you information about the closure of your policy.

Your benefit of \$5,058.17 has now been transferred to the rollover institution listed below.

Rollover Institution	Amount
Walker Superannuation Fund	\$5,058.17

Please also find enclosed a copy of the Rollover Benefit Statement.

If you have any further questions please contact one of our Customer Service representatives on 13 1056 between 8.00am and 8.00pm (Sydney time), Monday to Friday to discuss your options or contact your Financial Adviser Mr Kristopher Martin of KDM Financial and Estate Planning Pty Ltd on (07) 3369 0010.

Yours sincerely,
Customer Service Team
The Colonial Mutual Life Assurance Society Limited
On behalf of the Trustee

Contact Details**Phone**

13 1056
8am to 8pm (Sydney time)
Monday to Friday

Fax

1300 852 076

Mailing Address

PO Box 320
SILVERWATER NSW 2128

Visit our website

For more information at
www.commbank.com.au



Superannuation Benefit Statement
CFS FirstChoice Superannuation Trust
Total Care Plan Super

Your Statement of benefits for the period 1 Jul 2019 to 26 Feb 2020

FINAL BENEFIT STATEMENT

The following pages form a part of your Final Benefit Statement

POLICY DETAILS

LIFE INSURED:

David Walker

CONTRACT NUMBER:

02709920

ADVISER:

Mr Kristopher Martin
KDM Financial and Estate Planning Pty Ltd

CONTRACT CODE:

P08

TELEPHONE NUMBER:

(07) 3369 0010

POLICY COMMENCEMENT DATE:

5 Aug 2018

TAX FILE NUMBER PROVIDED:

Yes

SUMMARY FOR PERIOD

1 Jul 2019 to 26 Feb 2020

	\$
Income	
Member Contributions	0.00
Employer Contributions	0.00
Rollovers In*	10,171.93
FirstChoice Internal Rollover In*	0.00
Insurance Proceeds	0.00
Insurance Proceeds - Income Protection	0.00
Rebates	
Rollover Rebate	902.43
Outgoings	
Insurance Premiums#	5,978.48
Policy Fee	37.70
Withdrawals	5,058.17
Lump Sum Tax	0.00
PAYG Tax	0.00

* Indicates rollover monies received within Total Care Plan Super to pay premiums using superannuation money.

Insurance premiums have been paid out of contributions, rollovers or both and are shown net of any premium refunds. Premiums may include a frequency charge. Monies received before premiums are due are applied on the insurance premium due date which may be in the next financial year.

WITHDRAWAL BENEFIT

Your Withdrawal Benefit at 1 Jul 2019	\$ 0.00
---------------------------------------	------------

Your final Withdrawal Benefit at 26 Feb 2020	0.00
---	-------------

Tax Free component	0.00
Taxable component (taxed)	0.00
Taxable component (untaxed)	0.00
Lump Sum Tax	0.00

Your final Benefit is comprised of:

Preserved Benefits	0.00
Restricted Non Preserved Benefits	0.00
Unrestricted Non Preserved Benefits	0.00

As this is insurance cover and not an investment product, funds will only be paid upon a claimable event. There is no withdrawal value of this product.

Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 is the Trustee of Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (Trustee). Total Care Plan Super is administered by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA) on behalf of the Trustee. 'CommInsure' is used under licence by CMLA.



INSURANCE BENEFITS

David Walker

	\$
Death Benefit	2,060,000.00

These details about insurance benefits reflect the situation at the date shown in this statement.

The above gross benefit may now be reduced by any tax liability as shown on the statement. This policy including any life, income or disability, is now cancelled.

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Superannuation Risk Exit Statement Important Notes

These notes are designed to clarify the way your Total Care Plan Super works. They do not replace or override the definitions and conditions contained in the trust deed and policy document.

AMOUNT PAYABLE ON DEATH

The amount payable under your Total Care Plan Super in the event of death is the Death Benefit.

ACCESS TO BENEFIT INFORMATION

The Trustee is obliged to provide you with any information you reasonably require for the purpose of understanding the benefit entitlements. Further information about this product (including details about benefits provided by it and the amount of those benefits) is available on request.

If you have an inquiry about your cover or want to request further information, please call us on 13 1056 between 8am and 8pm (Sydney time), Monday to Friday.

CONTINUATION OPTION

You may choose to take your cover under Total Care Plan Super outside the superannuation environment by replacing it with a separate life insurance policy (Total Care Plan) between you and CMLA. You must meet any entry age requirements on the new policy to continue cover. An Application for continuation of cover must be received **within 30 days** of your leaving Total Care Plan Super. To enquire about how to apply for continuation of cover, simply call us on 13 1056 between 8am and 8pm (Sydney time), Monday to Friday.

SELECTED ELIGIBLE ROLLOVER FUND

The Trustee has selected the SuperTrace Eligible Rollover Fund ABN 73 703 878 235 (SuperTrace), as the fund to which your benefits may be transferred in certain circumstances including if you become a "lost member" as defined in the superannuation law. On transfer, you cease to be a member of the Fund and become a member of SuperTrace. SuperTrace does not provide insurance cover and therefore any previously held cover will cease. The contact details of the SuperTrace Fund are:

SuperTrace Eligible Rollover Fund Administrator
Locked Bag 5429
Parramatta NSW 2124
Ph: 1300 788 750
Fax: 1300 700 353

The Trustee of SuperTrace is

ENQUIRIES AND COMPLAINTS

The Trustee has arrangements in place to deal with member enquires and complaints about the operation or management of the fund.

Most enquiries can be resolved quickly by simply talking with us. You can call us on between 8am and 8pm (Sydney time), Monday to Friday.

If your enquiry is not resolved to your satisfaction, you may lodge a complaint in writing. Please send your written complaint to:

Customer Relations
PO Box 234
PARRAMATTA NSW 2124

Or via email to: CMLAcustomerrelations@cba.com.au.

Please mark your letter 'Notice of Complaint'.

When you make a complaint we will:

- acknowledge your complaint
- give you a reference number and contact details so that you can follow up if you want to
- make sure we understand the issues and investigate the cause of your concern
- do everything we can to fix the problem
- respond to you as quickly as possible
- keep you informed of our progress if the matter can't be resolved quickly
- keep a record of your complaint.

If you are dissatisfied with the response you receive or our decision, you may have the right to lodge a complaint with the Australian Financial Complaints Authority on 1800 931 678.

INSURANCE PROCEEDS

The total of any lump sum benefits paid by the insurer to the Trustee as a result of your death, terminal illness or total and permanent disability.

INSURANCE PROCEEDS – INCOME PROTECTION

The total of any income protection benefits paid by the insurer to the Trustee as a result of your incapacity and inability to work.

ROLLOVER REBATE

When you pay with Superannuation money, you're eligible for a 15% rollover rebate.

Superannuation Risk Exit Statement Important Notes

These notes are designed to clarify the way your Total Care Plan Super works. They do not replace or override the definitions and conditions contained in the trust deed and policy document.

LUMP SUM TAX

The total amount of tax deducted and withheld from your lump sum benefits when it is paid to you.

PAYG TAX

The total amount of pay-as-you-go tax deducted and withheld from your income protection benefits when they were paid to you. A PAYG payment summary will be issued for your income tax records.

WITHDRAWALS

The total amount paid to you by the Trustee including any eligible insurance proceeds or excess contributions. This amount is net of any tax.

WITHDRAWAL BENEFIT

The withdrawal benefit represents your gross benefit as at the date your cover ended. Any benefit under the policy will be paid out to the Trustee. Your entitlements to receive that benefit from the fund is subject to any preservation requirements under superannuation law and the Fund trust deed.

PRESERVED BENEFIT

In accordance with Government preservation rules, the preserved portion of your benefit is not generally available in cash until you have reached your preservation age and permanently retired, until you have reached age 65 or upon death or permanent incapacity. Your benefit may also be payable on specified compassionate grounds or if you are suffering severe financial hardship (conditions apply).

Please refer to your Product Disclosure Statement or other disclosure document for more information on accessing your benefits.

RESTRICTED NON-PRESERVED BENEFIT

Your restricted non-preserved benefit is generally made up of contributions made by you, prior to 1 July 1999, which have not been claimed as a tax deduction. This benefit becomes payable in cash if you satisfy a condition of release (refer to preserved benefit above).

UNRESTRICTED NON-PRESERVED BENEFIT

This benefit may be withdrawn at any time, subject to any applicable tax and minimum balance requirements (if applicable).

Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 is the Trustee of Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (Trustee)
Total Care Plan Super is administered by The Colonial Mutual Life Assurance Society Limited
ABN 12 004 021 809 AFSL 235035 (CMLA) on behalf of the Trustee. 'CommInsure' is used under licence by CMLA.

Client: Walker Superannuation Fund

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ROLLOVER BENEFIT STATEMENT - RECONSTRUCTION

As at: 30-Jun-21

W/P:	T5
Initials	Date
BO	06-Apr-22
Rev by:	

Prep by: BO
Rev by:

Date	Detail	Eligible Service date	Tax Components				Preservation Amounts		Notes or Comments
			Tax Free	Taxable component - Element Taxed	Taxable component - Element Untaxed	Total	Preserved	Total	
			\$	\$	\$	\$	\$	\$	
14/03/2018	SMSF rolled out to Sunsuper	15/02/2008	53,405.96	129,274.97	-	182,680.93	182,680.93	182,680.93	
			0.29	0.71					
05/08/2019	Sunsuper partial rollout to Colonial First State FirstChoice Superannuation Trust					10,171.93		10,171.93	unknown components
09/12/2019	Sunsuper rolled out to SMSF	03/07/2007	52,744.00	137,942.64	-	190,686.64	190,686.64	190,686.64	
			0.28	0.72	-		1.00		Match closely to original rollout on 2018
26/02/2020	Colonial First State FirstChoice Superannuation Trust rolled out to SMSF					5,058.17		5,058.17	Commsure and CFS have both told adviser (Zach from MT Wealth) no Rollover benefit statement exists.
		03/07/2007	1,399.09	3,659.08	-	5,058.17	5,058.17		Based on Sunsuper RBS on 09/12/2019.

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

2 Fund name

3 Postal address
Street address

Suburb/town/locality State/territory Postcode
 QLD
Country if outside Australia

4
(a) Member client identifier
(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

6 Full name
Title
Family name
First given name Other given names

7 Residential address
Street address

Suburb/town/locality State/territory Postcode
 QLD
Country if outside Australia

8 Date of birth

9 Sex Male

10 Daytime phone number (include area code) 33982683

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date 15/02/2008

13 Tax components

Tax-free component \$53,405.96

KiwiSaver tax-free component \$0.00

Taxable component:

Element taxed in the fund \$129,274.97

Element untaxed in the fund \$0.00

Tax components TOTAL \$182,680.93

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount \$182,680.93

KiwiSaver preserved amount \$0.00

Restricted non-preserved amount \$0.00

Unrestricted non-preserved amount \$0.00

Preservation components TOTAL \$182,680.93

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

15 Contributions made to a non-complying fund on or after 10 May 2006

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies 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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years



11 November 2019

000643 000



1112000006

Mr David Walker
Unit 33 58 Bayview Boulevard
BAYVIEW NT 0820

Sunsuper Pty Ltd
30 Little Cribb Street Milton QLD 4064
GPO Box 2924 BRISBANE QLD 4001
ABN 88 010 720 840 ASFL No. 228975
MySuper Authorised 98 503 137 921 996

☎ 13 11 84
🌐 sunsuper.com.au
🐦 twitter.com/sunsuper
📘 facebook.com/sunsuper

Your member number
900776489

Dear David,

Request to rollover your Sunsuper benefit – confirmation of transfer

We'd like to confirm we've transferred your super benefit as requested.

An amount of \$190,686.64 has now been paid to WALKER SUPERANNUATION FUND.

We've enclosed a *Member benefit statement* and a *Rollover benefits statement* confirming the payment.

You're welcome back anytime

It's easy to rejoin Sunsuper and start contributing again to a fund with low administration fees, solid investment performance and flexible insurance options.

Simply visit sunsuper.com.au/join to open a new account or contact us on **13 11 84** between 8.00am and 6.30pm AEST, Monday to Friday. We'll then be in touch with ways to get your super working harder for you.

Since joining Sunsuper, you've enjoyed the benefits of being a part of one of Australia's largest and fastest growing profit-for-members funds with great benefits including:

- **Low administration fees.** Sunsuper's administration fees are amongst the lowest and fairest you'll find, which means more money for you when you retire.
- **Strong performance.** Sunsuper has maintained strong investment performance over the long term.*

Plus, we offer award winning retirement products to take you through retirement.

If you have any questions please visit sunsuper.com.au or call us on **13 11 84** between 8.00am and 6.30pm AEST, Monday to Friday.

Yours sincerely,

Steve Davidson
Executive General Manager, Customer Engagement



For ratings and awards information, visit sunsuper.com.au/ratingsagencies

DLX_Mail_Returns_Seal_U7_013RT_CAU_B/000643/003441



Section A: Receiving fund's details - please state information below, if known.

Australian business number (ABN):98691459320 **Unique Superannuation identifier (USI):**

Name:WALKER SUPERANNUATION FUND **Member client identifier:**D WALKER

Postal address – Street address:33/58 Bayview Bvd

Suburb/town/locality:BAYVIEW **State/territory:**NT **Postcode:**6820

Section B: Members's details - please state information below, if known.

Tax file number (TFN) [REDACTED]

Full name:

Title:Mr **Family name:**Walker

First given name:David **Other given names:**

Postal address – Street address:Unit 33 58 Bayview Boulevard

Suburb/town/locality:BAYVIEW **State/territory:**NT **Postcode:**0820

Date of birth:18/07/1966 **Sex:**Male

Daytime phone number (include area code): **Email address (if applicable):**
david@ospreyglobal.com.au

Section C: Rollover transaction details

Service period start date:03/07/2007

Tax components:		Preservation amounts:	
Tax-free component:	\$ 52,744.00	Preserved amount:	\$ 190,686.64
KiwiSaver tax-free component:	\$ 0.00	KiwiSaver preserved amount:	\$ 0.00
Taxable component:		Restricted non-preserved amount:	\$ 0.00
Element taxed in the fund:	\$ 137,942.64	Unrestricted non-preserved amount:	\$ 0.00
Element untaxed in the fund:	\$ 0.00	Total preservation amounts:	\$ 190,686.64
Total Tax components:	\$ 190,686.64		

Section D: Non-complying fund - only complete if you're a trustee of a non-complying fund.

Contributions made to a non-complying fund on or after 10 May 2006

Section E: Declaration

Fund's ABN:98 503 137 921 **Fund's name:**Sunsuper

Contact name:Steve Davidson **Email address (if applicable):**

Daytime phone number (including area code):13 11 84

Signature of authorised person:
Steve Davidson **Date:**11/11/2019

You do not need to send a copy of this statement to the Australian Taxation Office, however, you must keep a copy for your records for a period of five years.



Super-savings Member benefit statement at 11 November 2019

Mr David Walker

Member Number: 900776489

Your benefit summary

Taxation	
Benefit rolled over	\$190,686.64
Gross benefit paid	\$190,686.64
Tax	\$0.00
Net benefit paid	\$190,686.64

Account summary	
Opening balance at 1 July 2018	\$188,502.08
Contributions	\$0.00
Employer compulsory contributions	\$0.00
Voluntary contributions (after-tax)	\$0.00
Government co-contributions	\$0.00
Low income superannuation tax offset	\$0.00
Salary sacrifice (before-tax)	\$0.00
Other contributions	\$0.00
Net investment earnings	\$21,380.20
Transfers and roll-ins received	\$0.00
Insurance proceeds	\$0.00
Fees (if any)	-\$400.96
Insurance premiums	\$0.00
Tax	\$39.45
Withdrawals and transfers-out to other funds	-\$209,520.77
Closing balance at 11 November 2019	\$0.00
Benefit paid at 11 November 2019	\$190,686.64

The amounts above are before tax unless otherwise stated.

Fund investment returns

Investment option	Opening unit price at 01/07/2018	Closing unit price (last available) at 11/11/2019	Change in price (%)
Balanced	3.18474	3.56874	12.0575%
Lifecycle Investment Strategy			
Balanced Pool	1.52297	1.70515	11.9622%

Unit prices shown are exit unit prices. The change in value percentage is based on the change in unit prices over the period and applies to money that was invested for the whole period. The actual rate of return received by individual members depends on the timing of contributions and other transactions and the unit prices that applied on the dates those transactions took place.

Please note benefit payments are processed using the last available unit price for the day we finalise the processing of your request. Please visit sunsuper.com.au for information on other investment options your money may have been invested in between 1 July 2018 and 11 November 2019.

Insurance cover

We didn't have any insurance cover listed on the account on the date the account balance was transferred.

Net investment earnings

Description	Amount
Net investment earnings (after investment tax)	\$23,463.18
Investment fees	-\$742.08
Indirect costs	-\$1,340.90
Total	\$21,380.20

Indirect costs of your investment

This approximate amount has been deducted from your investment and covers amounts that have reduced the return on your investment but are not charged as a fee. Refer to the *Additional explanation of fees and costs* in the *Important information* flyer for more information, including how to estimate the indirect cost ratio for your account over the reporting period.

Description	Amount
Indirect costs	-\$1,340.90
Indirect costs total	-\$1,340.90

Fees

Date	Description	Amount
2018/2019	Exit fee	-\$40.00
2018/2019	Administration fee - flat fee	-\$106.50



Date	Description	Amount
2018/2019	Administration fee - percentage fee	-\$254.46
Total		-\$400.96

Other fees of your investment

This approximate amount or amounts have been deducted from your investment and covers fees that are not reflected as transactions on this statement. Note that not all other fees and costs are included below. Refer to the *Additional explanation of fees and costs* in the *Important information flyer* for more information.

Description	Amount
Transactional and operational costs	-\$540.59
Total	-\$540.59

Tax

Date	Description	Amount
22/08/2018	Contribution tax adjustment	\$5.72
30/06/2019	Contribution tax adjustment	\$33.73
05/08/2019	Contribution tax adjustment	\$4.02
11/11/2019	Contribution tax adjustment	-\$4.02
Total		\$39.45

An end of year reconciliation (contributions tax adjustment) ensures the correct total contribution tax has been calculated. This may be a positive or negative value.

Withdrawals and transfers-out

Date	Reason	Amount
22/08/2018	Transfer out	-\$8,662.20
05/08/2019	Transfer out trf to Insurance only super fund	-\$10,171.93
Total		-\$18,834.13

Preferred beneficiaries

This table displays your beneficiaries for your account balance and any insurance cover you may have had.

Beneficiary name	Percent
Bernadette Elizabeth Walker	50%
Emma Marie Walker	25%
Samantha Walker	25%

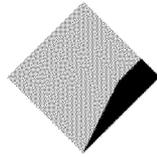
Preservation summary

Available when retired and after reaching your preservation age (Preserved)	\$190,686.64
Available after leaving your employer (Restricted non-preserved)	\$0.00
Available now, if requested (Unrestricted non-preserved)	\$0.00
Total	\$190,686.64

Total fees you paid

This approximate amount includes all the fees and costs which affect the investment during the period. We've already given a breakdown of these fees in previous sections - this simply totals them for convenience. This section does not list the transactional and operational costs, property operational costs or borrowing costs that you incurred during the period - refer to the *Additional explanation of fees and costs* in the *Important information flyer* for more information.

Description	Amount
Administration fees	-\$360.96
Other fees	-\$40.00
Investment fees	-\$742.08
Indirect costs	-\$1,340.90
Total fees and costs	-\$2,483.94



**Copy only -
for your information**

26 Feb 2020

L400M5E

Mr Kristopher Martin
KDM Financial and Estate Planning Pty Ltd
Po Box 1066
MILTON QLD 4064

Dear Mr Martin

Colonial First State FirstChoice Superannuation Trust**Total Care Plan Super 02709920 Life Insured David Walker**

Following the cancellation of the above policy on 26 Feb 2020, please find enclosed an Exit Statement giving you information about the closure of your policy.

Your benefit of \$5,058.17 has now been transferred to the rollover institution listed below.

Rollover Institution	Amount
Walker Superannuation Fund	\$5,058.17

Please also find enclosed a copy of the Rollover Benefit Statement.**

If you have any further questions please contact one of our Customer Service representatives on 13 1056 between 8.00am and 8.00pm (Sydney time), Monday to Friday to discuss your options or contact your Financial Adviser Mr Kristopher Martin of KDM Financial and Estate Planning Pty Ltd on (07) 3369 0010.

Yours sincerely,
Customer Service Team
The Colonial Mutual Life Assurance Society Limited
On behalf of the Trustee

Contact Details**Phone**

13 1056
8am to 8pm (Sydney time)
Monday to Friday

Fax

1300 852 076

Mailing Address

PO Box 320
SILVERWATER NSW 2128

Visit our website

For more information at
www.commbank.com.au

Zach at MT Wealth has advised on 06/04/2022, no Rollover benefit statement exists. He has spoken to CommInsure and Colonial First State and both advised no rollover benefit statement exists.



Superannuation Benefit Statement
CFS FirstChoice Superannuation Trust
Total Care Plan Super

Your Statement of benefits for the period 1 Jul 2019 to 26 Feb 2020

FINAL BENEFIT STATEMENT

The following pages form a part of your Final Benefit Statement

POLICY DETAILS

LIFE INSURED:

David Walker

CONTRACT NUMBER:

02709920

ADVISER:

Mr Kristopher Martin
KDM Financial and Estate Planning Pty Ltd

CONTRACT CODE:

P08

TELEPHONE NUMBER:

(07) 3369 0010

POLICY COMMENCEMENT DATE:

5 Aug 2018

TAX FILE NUMBER PROVIDED:

Yes

SUMMARY FOR PERIOD

1 Jul 2019 to 26 Feb 2020

	\$
Income	
Member Contributions	0.00
Employer Contributions	0.00
Rollovers In* from sunsuper	10,171.93
FirstChoice Internal Rollover In*	0.00
Insurance Proceeds	0.00
Insurance Proceeds - Income Protection	0.00
Rebates	
Rollover Rebate	902.43
Outgoings	
Insurance Premiums#	5,978.48
Policy Fee	37.70
Withdrawals Rollout to SMSF - missing RBS.	5,058.17
Lump Sum Tax	0.00
PAYG Tax	0.00

* Indicates rollover monies received within Total Care Plan Super to pay premiums using superannuation money.

Insurance premiums have been paid out of contributions, rollovers or both and are shown net of any premium refunds. Premiums may include a frequency charge. Monies received before premiums are due are applied on the insurance premium due date which may be in the next financial year.

Issued by Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 is the Trustee of Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (Trustee). Total Care Plan Super is administered by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA) on behalf of the Trustee. 'CommInsure' is used under licence by CMLA.

WITHDRAWAL BENEFIT

Your Withdrawal Benefit at 1 Jul 2019	\$ 0.00
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Your final Withdrawal Benefit at 26 Feb 2020	0.00
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Tax Free component	0.00
Taxable component (taxed)	0.00
Taxable component (untaxed)	0.00
Lump Sum Tax	0.00

Your final Benefit is comprised of:

Preserved Benefits	0.00
Restricted Non Preserved Benefits	0.00
Unrestricted Non Preserved Benefits	0.00

As this is insurance cover and not an investment product, funds will only be paid upon a claimable event. There is no withdrawal value of this product.

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INSURANCE BENEFITS

David Walker

	\$
Death Benefit	2,060,000.00

These details about insurance benefits reflect the situation at the date shown in this statement.

The above gross benefit may now be reduced by any tax liability as shown on the statement. This policy including any life, income or disability, is now cancelled.

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Superannuation Risk Exit Statement Important Notes

These notes are designed to clarify the way your Total Care Plan Super works. They do not replace or override the definitions and conditions contained in the trust deed and policy document.

AMOUNT PAYABLE ON DEATH

The amount payable under your Total Care Plan Super in the event of death is the Death Benefit.

ACCESS TO BENEFIT INFORMATION

The Trustee is obliged to provide you with any information you reasonably require for the purpose of understanding the benefit entitlements. Further information about this product (including details about benefits provided by it and the amount of those benefits) is available on request.

If you have an inquiry about your cover or want to request further information, please call us on 13 1056 between 8am and 8pm (Sydney time), Monday to Friday.

CONTINUATION OPTION

You may choose to take your cover under Total Care Plan Super outside the superannuation environment by replacing it with a separate life insurance policy (Total Care Plan) between you and CMLA. You must meet any entry age requirements on the new policy to continue cover. An Application for continuation of cover must be received **within 30 days** of your leaving Total Care Plan Super. To enquire about how to apply for continuation of cover, simply call us on 13 1056 between 8am and 8pm (Sydney time), Monday to Friday.

SELECTED ELIGIBLE ROLLOVER FUND

The Trustee has selected the SuperTrace Eligible Rollover Fund ABN 73 703 878 235 (SuperTrace), as the fund to which your benefits may be transferred in certain circumstances including if you become a "lost member" as defined in the superannuation law. On transfer, you cease to be a member of the Fund and become a member of SuperTrace. SuperTrace does not provide insurance cover and therefore any previously held cover will cease. The contact details of the SuperTrace Fund are:

SuperTrace Eligible Rollover Fund Administrator
Locked Bag 5429
Parramatta NSW 2124
Ph: 1300 788 750
Fax: 1300 700 353

The Trustee of SuperTrace is

ENQUIRIES AND COMPLAINTS

The Trustee has arrangements in place to deal with member enquires and complaints about the operation or management of the fund.

Most enquiries can be resolved quickly by simply talking with us. You can call us on between 8am and 8pm (Sydney time), Monday to Friday.

If your enquiry is not resolved to your satisfaction, you may lodge a complaint in writing. Please send your written complaint to:

Customer Relations
PO Box 234
PARRAMATTA NSW 2124

Or via email to: CMLAcustomerrelations@cba.com.au.

Please mark your letter 'Notice of Complaint'.

When you make a complaint we will:

- acknowledge your complaint
- give you a reference number and contact details so that you can follow up if you want to
- make sure we understand the issues and investigate the cause of your concern
- do everything we can to fix the problem
- respond to you as quickly as possible
- keep you informed of our progress if the matter can't be resolved quickly
- keep a record of your complaint.

If you are dissatisfied with the response you receive or our decision, you may have the right to lodge a complaint with the Australian Financial Complaints Authority on 1800 931 678.

INSURANCE PROCEEDS

The total of any lump sum benefits paid by the insurer to the Trustee as a result of your death, terminal illness or total and permanent disability.

INSURANCE PROCEEDS – INCOME PROTECTION

The total of any income protection benefits paid by the insurer to the Trustee as a result of your incapacity and inability to work.

ROLLOVER REBATE

When you pay with Superannuation money, you're eligible for a 15% rollover rebate.

Superannuation Risk Exit Statement Important Notes

These notes are designed to clarify the way your Total Care Plan Super works. They do not replace or override the definitions and conditions contained in the trust deed and policy document.

LUMP SUM TAX

The total amount of tax deducted and withheld from your lump sum benefits when it is paid to you.

PAYG TAX

The total amount of pay-as-you-go tax deducted and withheld from your income protection benefits when they were paid to you. A PAYG payment summary will be issued for your income tax records.

WITHDRAWALS

The total amount paid to you by the Trustee including any eligible insurance proceeds or excess contributions. This amount is net of any tax.

WITHDRAWAL BENEFIT

The withdrawal benefit represents your gross benefit as at the date your cover ended. Any benefit under the policy will be paid out to the Trustee. Your entitlements to receive that benefit from the fund is subject to any preservation requirements under superannuation law and the Fund trust deed.

PRESERVED BENEFIT

In accordance with Government preservation rules, the preserved portion of your benefit is not generally available in cash until you have reached your preservation age and permanently retired, until you have reached age 65 or upon death or permanent incapacity. Your benefit may also be payable on specified compassionate grounds or if you are suffering severe financial hardship (conditions apply).

Please refer to your Product Disclosure Statement or other disclosure document for more information on accessing your benefits.

RESTRICTED NON-PRESERVED BENEFIT

Your restricted non-preserved benefit is generally made up of contributions made by you, prior to 1 July 1999, which have not been claimed as a tax deduction. This benefit becomes payable in cash if you satisfy a condition of release (refer to preserved benefit above).

UNRESTRICTED NON-PRESERVED BENEFIT

This benefit may be withdrawn at any time, subject to any applicable tax and minimum balance requirements (if applicable).

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ABN 12 004 021 809 AFSL 235035 (CMLA) on behalf of the Trustee. 'CommInsure' is used under licence by CMLA.

From: Luke Marshall <lukem@wealthmt.com.au>
Date: 22 January 2020 at 1:44:19 pm AEST
To: David Walker <david@ospreglobal.com.au>
Cc: Kris Martin <krism@wealthmt.com.au>, Rachel Green-Luther <RachelG@virtusuper.com.au>
Subject: Change of Ownership Request #02709920- case Number 7325984

Hi David,

I hope you're well mate.

For **CommInsure** to finalise the **Change of Ownership**, you need to make the full annual payment as per below email from SMSF:

Premium Owing: \$13,288.31 Annually

Premium Payable: \$13,288.31

Biller Code: **303156**

BPAY Reference: **26027217913**

CommInsure will then do a pro-rata refund to your SMSF as you paid the annual premium by rollover in August 2019.

Also, can you please sign the attached form on page 4. This is to finalise the change of ownership of your insurance policy.

Chat soon mate.

Kind regards,

Luke G Marshall MAppFin (Financial Planning)
Senior Partner – Financial Advice
Authorised Representative No. 1252449
m: 0400 186 650 | e: LukeM@WealthMT.com.au

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Benefit Payment/ Preserved Benefit Transfer

– Total Care Plan Super

Issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035
on behalf of Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468
Trustee of Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557

CommInsure



Use this form if you are requesting to rollover or withdraw your Income Protection, Total and Permanent Disablement, Terminal Illness or preserved benefits.

Things you should consider before withdrawing your benefit

We recommend you carefully consider whether you want to withdraw your benefit (if you satisfy a condition of release) or roll your benefit to another super fund. Depending on your circumstances, withdrawing your superannuation benefit may have tax implications. Before making a decision to withdraw your benefits, we recommend you speak to a financial adviser. If you would like more information about your benefit, simply call one of our Customer Service Representatives on **13 1056** between 8 am and 8 pm (AEST), Monday to Friday.

Section 1 – Member details

Member number

02709920

Title Mr Mrs Miss Ms Other

Surname

Walker

Given name(s)

David

Address

State

Postcode

Country

Daytime telephone

() 0421 295 314

Evening telephone

()

Date of birth

18 / 07 / 1966

Type of benefit

Income Protection Terminal Illness Total and Permanent Disablement (TPD) Refunds (preserved benefits)

Section 2 – Benefit payment options (please tick (✓) your request)

I request rollover to another superannuation fund (complete sections 3, 6, 7, 8 and 9)

I request a cash payment as I have satisfied a condition of release (complete sections 4, 5, 6, 7, 8 and 9)

Section 3 – Rollover to another superannuation fund (all sections must be completed.)

Super Fund name

Walker Superannuation Fund

Payee for rollover cheque (SMSF payment only)

David Walker

Super Fund phone number

0421 295 314

ABN

98 691 459 320

Account number

Unique Superannuation Identifier (USI)

and/or

Postal address

GPO Box 667, Darwin

State NT

Postcode 0801

Country Australia

Section 4 – Payment direction details

Please tick (✓) appropriate box

I wish to receive this payment by cheque (made payable in my name).

I wish to have this payment deposited into my account (Australian bank, building society or credit union) nominated below:

Institution name

Account holders name (joint account allowed)

BSB number

Account number

Please note: benefit payments will only be made directly to you. Payment cannot be made to a third party.

Section 5 – Conditions of release (please tick (✓) the condition of release being met)

a. Australian or New Zealand citizens, permanent residents of Australia or holders of retirement visa sub-class 405 (Investor Retirement) or 410 (Retirement)	b. Temporary residents or former temporary residents.
<p>Preservation Age to 59</p> <p><input type="checkbox"/> I am between my Preservation Age[^] and 59, have ceased a gainful employment* arrangement and do not intend ever again to become gainfully employed for 10 or more hours per week. (go to section 6)</p> <p><small>^ For more information on your 'Preservation Age', please refer to www.ato.gov.au.</small></p>	<p>Former temporary residents</p> <p><input type="checkbox"/> As a former temporary resident, I wish to receive my total benefit less tax as a Departing Australia Superannuation Payment (DASP).</p>
<p>Age 60 to 64</p> <p><input type="checkbox"/> I am aged 60 to 64 and have ceased a gainful employment* arrangement since attaining 60 years. (go to section 6)</p>	
<p>Age 65 and over</p> <p><input type="checkbox"/> I am 65 years and over. (go to section 6)</p>	
<p><input type="checkbox"/> Compassionate/Specified Grounds</p> <ul style="list-style-type: none"> Please enclose a letter from the Department of Human Services (DHS) approving the early release of your benefits and complete section 4 Payment direction details. Please refer to the letter sent with this form for further information. 	
<p><input type="checkbox"/> Severe Financial Hardship</p> <ul style="list-style-type: none"> Please enclose a Commonwealth Income Support letter confirming your support payments and complete section 4 Payment direction details. You must send this letter to us within 21 days of it being issued to you. We may then ask you to provide a Statutory Declaration. 	
<p><input type="checkbox"/> Temporary Incapacity</p> <ul style="list-style-type: none"> Please enclose two medical certificates from two different medical practitioners and complete section 4 Payment direction details. Please refer to the letter we sent you with this form for further information. 	
<p><input type="checkbox"/> Permanent Incapacity</p> <ul style="list-style-type: none"> Please enclose two medical certificates from two different medical practitioners and complete section 4 Payment direction details. Please refer to the letter we sent you with this form for further information. 	
<p><input type="checkbox"/> Terminal Illness</p> <ul style="list-style-type: none"> Please enclose two medical certificates from two different medical practitioners certifying Terminal Illness and complete section 4 payment direction details. Please refer to the letter we sent you with this form for further information. 	
<p><input type="checkbox"/> Other (please specify)</p> <input type="text"/>	
<p>* For the purpose of this form, the term 'gainful employment' means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.</p>	
<p>Please note: If you satisfied a condition of release under section 5 prior to 1 April 2009, or you are claiming a benefit on behalf of a deceased member or acting under a Power of Attorney on behalf of a Member please contact one of our Customer Service Representatives on 13 1056 between 8 am to 8 pm (AEST) Monday to Friday to obtain the relevant forms.</p>	

Section 6 – Tax file number notification

Please note that it is not an offence not to quote your TFN. Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

We may disclose your TFN to another superannuation fund when your benefits are being transferred, unless you write to us and request that your TFN not be disclosed to any other superannuation provider.

For all cash payments, we will deduct any tax payable at the rates applicable to superannuation benefits. Please note that if we do not have your TFN and you are aged under 60, we are required to withhold tax at the highest marginal tax rate (plus any applicable charges) on the Taxable component of your benefit.

If you have not previously provided us with your TFN and wish to do so now please tick (✓) the box below and quote your TFN:

Yes, I agree to provide my TFN which is

If you are rolling over, please tick (✓) the box below if you do not want us to pass on your TFN to your nominated superannuation fund or retirement savings account provider:

I do **not** want to pass on my TFN

Section 7 – ID requirements

A certified copy of your identification (ID) is required to verify that the photocopied ID provided is a true and correct copy of the original. The certifier's name, signature, occupation and if applicable, stamp must be shown on the copy that you send to us. A stamp confirms the certifier's office. Your ID can be certified by a person performing any of the occupations or offices listed below.

Please tick (✓) the appropriate box

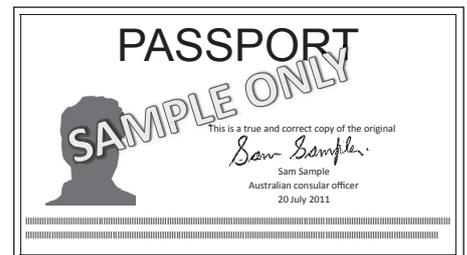
- For cash payments or rolling over to a SMSF** A certified copy of your driver's license, birth certificate or passport.
- For other rollovers** No identification is required for rollovers where your TFN is validated via the ATO Super Tic service. If your TFN cannot be validated, no identification will be required, so long as your name, date of birth and address details provided on your benefit payment request corresponds with our records. If we discover a discrepancy in your name, date of birth or address, we will request that you provide further proof of your identity.

- A person on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner;
- A judge of a court;
- A magistrate;
- A chief executive officer of a Commonwealth court;
- A registrar or deputy registrar of a court;
- A Justice of the Peace;
- A notary public (for the purposes of the Statutory Declaration Regulations 1993);
- A police officer;
- (Postal Agent) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- (Post Office) a permanent employee of the Australian Postal Corporation with two (2) or more years of continuous service who is employed in an office supplying postal services to the public;
- An Australian consular officer or an Australia diplomatic officer (within the meaning of the Consular Fees Act 1955);
- An officer with two (2) or more continuous years of service with one or more financial companies (for the purpose of the Statutory Declaration Regulations 1993);
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two (2) or more continuous years of service with one or more licensees;
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two (2) or more years of continuous membership.

What the certifier needs to do to certify your photocopied ID

To certify your ID they need to:

1. Compare the photocopy to the ORIGINAL.
2. Stamp or write "This is a true and correct copy of the original" followed by their signature, printed name, qualification (e.g. police officer) and the date.
A sample of how this would look is shown on the right hand side of this section.



► Form continued next page

Section 8 – Claiming a tax deduction for personal contributions

Do you intend to claim a tax deduction for personal contributions made to your account in the current or previous financial year?

- Yes** ▶ If 'yes' please complete and return to us the Australian Taxation Office's 'Notice of intent to claim or vary a deduction for personal super contributions' form.
- No** ▶ If you do not provide a completed 'Notice of intent to claim or vary a deduction for personal super contributions' form before we process this payment request then the trust will not be able to accept a deduction notice that you may wish to give later in relation to those contributions.

Please note: Generally you can claim a tax deduction if you are self employed or substantially self-employed. If you are unsure as to whether you can claim a tax deduction, please speak to a financial or tax adviser.

Section 9 – Declaration and authorisation

Please note: if you have requested a cash payment or rolling over to a SMSF, please ensure you have attached a certified copy of any one of the following documents as specified in section 7: a certified copy of your driver's licence, birth certificate or passport.

By signing this request form I declare as follows:

- I have fully read the form and the information completed is true and correct.
- I am aware I may ask the Trustee of my new fund for information about fees or charges that may apply, or any other information about the effect this payment/rollover may have on my benefits, and I have obtained or do not require any further information.
- I understand that a fee, as described in my policy document, may be charged when withdrawing from the Fund.
- I understand that unless this is a partial withdrawal, the payment of the benefit will be in full and final settlement of all my rights and interests in relation to the Fund.
- If my new fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee, of the SMSF.
- If transferring to a SMSF I am aware that SMSFs are subject to the same rules and restrictions as other super funds when benefits are paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved' meaning they are not generally able to be accessed, unless I have reached my Preservation Age and am permanently retired.
- Where my benefit is being withdrawn, I acknowledge that tax may be deducted from the benefit and I will not have the right to rollover the benefit.
- If I am signing under a Power of Attorney, I have not received revocation of the Power.
- If I am requesting payment of benefits to me (rather than rolling over to another fund), I have satisfied a condition of release.
- I discharge the Trustee of all further liability in respect of the benefits paid and/or rolled over to my new superannuation fund.

I hereby authorise the Trustee to pay my benefit as requested.

Member's signature

X

Date signed

DD / MM / YYYY