


Rollover benefits statement

7-32

10/2

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

WHEN COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place [X] in ALL applicable boxes.

! If a member asks you to roll over parts of their entitlement to more than one fund, you must complete separate statements for each rollover payment.

Section A: Receiving fund's details

1 Australian business number (ABN) 98 916 907 543

2 Name

THE TRUSTEE FOR PIPER FAMILY SUPERANNUATION FUND

3 Postal address

C/- BORROWS & MICHELL ACCOUNTING PO BOX 1074
NORTH LAKES QLD 4509

4 You must provide at least one of the receiving fund's numbers below:

Member account number

Superannuation product
identification number (SPIN)

A J Piper

Section B: Member's details

5 Tax file number (TFN) 210 543 103

6 Full name

Title: Mr Mrs Miss Ms Other

Family name

PIPER

First given name

AMBER

Other given names

JOAN

7 Postal address

Street address

5 falcon court

Suburb/town/locality

BURLEIGH WATERS

State/territory

QLD

Postcode

4220

Country if outside Australia

8 Date of birth

Day: 15 / Month: 06 / Year: 1976

9 Sex

Male Female

10 Daytime phone number (include area code)

0433 164 330

11 Email address (if applicable)

piperfamily@live.com.au

Section C: Rollover payment details

7-3.1-

12 Service period start date Day Month Year
18 / 01 / 1993

13 Rollover components:

Tax-free component \$ 0.00
Taxable component:
Element taxed in the fund \$ 16,343.36
Element untaxed in the fund \$ 0.00

14 Preservation amounts:

Preserved amount \$ 16,343.36
Restricted non-preserved \$ 0.00
Unrestricted non-preserved \$ 0.00

15 Contributed amounts

Financial year ending 30 / 06 / Year
2013

This rollover includes the following contributions made during the current financial year.

a Employer contributed amount

\$

b Personal contributed amount

\$

c Capital gains tax (CGT) cap election amount:

Small business retirement exemption amount

\$

Small business 15 year exemption amount

\$

d Personal injury election amount

\$

e Spouse and child contributions amount

\$

f Other family and friend contributions amount

\$

g Directed Termination payments (taxable component) amount

\$

h Assessable foreign fund amount

\$

i Non-assessable foreign fund amount

\$

j Transferred from reserves amount:

Assessable amount

\$

Non-assessable amount

\$

k All contributions received for the current year

\$

Section D: Your details

16 Fund's ABN 53 789 980 697

17 Fund's name

ONEPATH MASTERFUND

18 Contact name


David Madden

19 Email address (if applicable)

customer@onepath.com.au

20 Daytime phone number (include area code) 13 36 65

21 Signature of authorised person



Date Day Month Year
22 / 06 / 2013