

10 May 2019

Gp Larder Superannuation Fund  
S3 L6 201 Wickham Tce  
SPRING HILL QLD 4000

Dear Sir/Madam

**Rollover request**

**Member name: Alys Banaba Hohnen**

**Our member number: 13884969**

**Your reference number: 1**

We have received a request from the above UniSuper member to rollover their superannuation benefit into your fund.

Accordingly, we enclose a cheque for \$5,171.40 together with the relevant *Rollover Benefits Statement* for your attention.

If you have any queries, please call the UniSuper Helpline on 1800 331 685 or email your query to [enquiry@unisuper.com.au](mailto:enquiry@unisuper.com.au)

Yours sincerely

*Tim Anderson*

Tim Anderson  
Head of Communications  
Member and Employer Solutions

**Fund:** UniSuper  
ABN 91 385 943 850

**Trustee:** UniSuper Limited  
ABN 54 006 027 121  
AFSL 492806

**Administrator:** UniSuper  
Management Pty Ltd  
ABN 91 006 961 799  
AFSL 235907

**Helpline**  
1800 331 685

**Head Office**  
Level 1, 385 Bourke Street  
Melbourne VIC 3000

Facsimile 03 8831 6141

[unisuper.com.au](http://unisuper.com.au)



UniSuper

UniSuper Management Pty Ltd  
ABN 91 006 961 799  
Administrator of UniSuper

Level 1, 385 Bourke Street  
Melbourne Vic 3000

Telephone 1 800 331 685  
Facsimile 03 9910 6141

N2

User ID: SMK

Date: 10/05/2019

GP LARDER SUPERANNUATION FUND  
S3 L6 201 Wickham Tce  
SPRING HILL QLD 4000

Member Name: ALYS BANABA HOHNEN

Member Number: 13884969

Rollover Fund

Reference No.: 1

Nature of Payment:

Roll Over

Cheque No.: 050978

**Total Paid:**

**\$5,171.40**

# Rollover Benefits Statement

Complete this form 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.

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

- send the form to the receiving fund within seven days of paying them the rollover
- provide a copy to the member 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 (i.e. do not send this form to the receiving fund)
- use this form only to provide a statement to the member within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

## SECTION A: RECEIVING FUND

1	Australian business number (ABN)	: 98 624-635-739
2	Fund name	: GP LARDER SUPERANNUATION FUND
3	Postal address	: S3 L6 201 Wickham Tce
	Suburb/Town	: SPRING HILL
	State	: QLD
	Postcode	: 4000
	Country (if other than Australia)	:
4	(a) Unique Superannuation Identifier (USI)	:
	(b) Member Client Identifier	: 1

## SECTION B: MEMBER'S DETAILS

5	Tax File Number(TFN)	: 185 651 700
6	Full Name	
	Title	: Ms
	Family Name	: HOHNEN
	First Given Name	: Alys
	Other Given Name(s)	: Banaba
7	Residential Address	: 22 CAMBRIDGE STREET
	Suburb/Town	: RED HILL
	State	: QLD
	Postcode	: 4059
	Country	:
8	Date of Birth	: 26 / 04 / 1971
9	Sex	: Female
10	Daytime phone number	: 0738709070
11	Email address (if applicable)	:

## SECTION C: ROLLOVER TRANSACTION DETAILS

12	Service period start date	: 24 / 01 / 1994
13	<b>Tax components</b>	
	Tax-free component	\$ 10.81
	KiwiSaver Tax-free component	\$ 0.00
	Taxable component	
	Element taxed in the fund, and	\$ 5,160.59
	Element untaxed in the fund	\$ 0.00
	<b>Tax components TOTAL</b>	<b>\$ 5,171.40</b>

**14 Preservation amounts**

Preserved amount	\$	5,171.40
KiwiSaver Preserved amount	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00
 Preservation amounts TOTAL	 \$	 5,171.40

**SECTION D: NON-COMPLYING FUNDS**

15 Contributions made to a non-complying fund on or after 10 May 2006	\$	0.00
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**SECTION E: TRANSFERRING FUND**

16 Fund ABN	: 91 385-943-850
17 Fund name	: UNISUPER
18 Contact name	: COMPLIANCE
19 Daytime phone number	: 0388316100

**SECTION F: DECLARATION**

**TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION**

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

Name : Tim Anderson

Trustee, director, or authorised officer signature : *Tim Anderson*

Date : 10 May 2019