



14 July 2019

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To the Manager  
The Trustee For The Island Dream Superfund  
83 Willoughbridge Cr  
ERSKINE WA 6210

**Your contacts**

E SignatureSuper@amp.com.au  
W signaturesuper.amp.com.au  
T 1300 366 019 F 02 9768 3111  
SignatureSuper  
Locked Bag 5043 PARRAMATTA NSW 2124

**Your details**

ACCOUNT NAME  
Shane Wilhelm Prygoda  
ACCOUNT NUMBER  
965689495  
MONTH AND YEAR OF BIRTH  
Not supplied

**Rollover from SignatureSuper®**

**Withdrawal number: 160737586**

The following information relates to a payment from SignatureSuper account 965689495 in the name of Shane Wilhelm Prygoda.

Member name	Payment details	Amount \$
Shane Wilhelm Prygoda	Cheque	182,991.21

**We're here to help**

If you have any questions, please contact us.

Account number: 965689495  
437024595|126079954.1

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**AMP Life Limited**  
A.B.N. 84 079 300 379

**504531**

**Westpac Banking Corporation**  
Royal Exchange, CNR Pitt & Bridge Streets, Sydney, NSW

14/07/2019

Pay The Trustee For The Island Dream Superfund or order

The Sum Of ONE HUNDRED EIGHTY TWO THOUSAND NINE HUNDRED NINETY ONE DOLLARS

**\$182,991.21**

AND TWENTY ONE CENTS

For and on behalf of AMP Life Limited

THIS CHEQUE CONTAINS INBUILT SECURITY FEATURES

NOT NEGOTIABLE

⑈ 504531⑈ 03 20021⑈ 1000 7268⑈

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Chris Jensen', with a large, sweeping flourish extending downwards and to the left.

Chris Jensen  
Head of Corporate Superannuation Administration

**What you need to know**

This document is provided by AMP Superannuation Limited (ASL), ABN 31 008 414 104, AFSL No. 233060 which is part of the AMP group of companies.

ASL is the trustee of the AMP Superannuation Savings Trust, ABN 76 514 770 399.



# Rollover Benefit Statement

Original

## SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

Name:

Address:

Unique Superannuation Identifier (USI)

or  
Member client identifier:

## SECTION B: MEMBER DETAILS

Tax file number:

Title:

Family name:

Given name:

Other given names:

Postal address:

Date of birth:

Sex: F  M

Daytime phone number (include area code):

Email address (if applicable):

## SECTION C: ROLLOVER TRANSACTION DETAILS

**1. Service period start date**

**2. Tax components**

- Tax - free component
- KiwiSaver Tax-free component

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### SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)

- Taxable component

- Element taxed in the fund, and

- Element untaxed in the fund

TOTAL Tax Components

### 3. Preservation amounts

- Preserved amount

- KiwiSaver preserved amount

- Restricted non-preserved amount

- Unrestricted non-preserved amount

TOTAL Preservation Amounts

### SECTION D: NON-COMPLYING FUNDS

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

### SECTION E: TRANSFERRING FUND

ABN:

Fund's name:

Contact name:

Email address (if applicable):

Daytime phone number (including area code):

### SECTION F: DECLARATION

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.

Signature of authorised person:

Date: