

Rollover benefits statement

When to use this statement

- ❗ Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

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 other than a death benefit rollover 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).

- ❗ 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.

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

1 Australian business number (ABN)

2 Fund name

3 Postal address

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

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

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

8 Date of birth

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

i 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

13 Tax components

Tax-free component \$

KiwiSaver tax-free component \$

Taxable component:

Element taxed in the fund \$

Element untaxed in the fund \$

Tax components TOTAL \$

i 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 \$ 18000.00
KiwiSaver preserved amount \$
Restricted non-preserved amount \$
Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$ 18000.00

! 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 52309829977

17 Fund name

PETLIN SUPER FUND

18 Contact name

Title: MR

Family name BELL

First given name PETER

Other given names

19 Daytime phone number (include area code)

0400517241

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 section E.

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

Name (BLOCK LETTERS)

PETER BELL

Trustee, director or authorised officer signature



Date 15-10-20

15/10/2020

OR

Authorised representative declaration

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

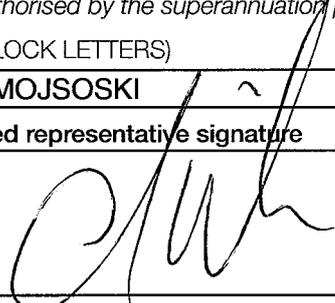
I declare that:

- 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)

TROY MOJSOSKI

Authorised representative signature



Date

15/10/2020

Tax agent number (if you are a registered tax agent) 78364005

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 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 five years.

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

- comply with the data standard requirements 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 five years.

Superannuation lump sum pre-payment statement

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

PETLIN SUPER FUND

2 Postal address

PO BOX 1777

Suburb/town/locality

WOLLONGONG DC

State/territory

NSW

Postcode

2500

3 Australian business number (ABN) or withholder payer number

52309829977

4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

Section B: Member's details

6 Your full name

Title:

MR

Family name

BELL

First given name

Other given names

PETER

7 Current postal address

UNIT 2, 81 MARSHALL STREET

Suburb/town/locality

DAPTO

State/territory

NSW

Postcode

2530

8 Date of birth

05 APRIL 1957

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date

10 Superannuation lump sum components

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$

Total amount \$

11 Preservation amounts of the superannuation lump sum

Preserved amount \$

Restricted non-preserved \$

Unrestricted non-preserved \$

Total amount \$

Section D: Superannuation provider's signature

12 Date the statement is issued to the member

13 Member is to return statement by

14 Superannuation fund's, ADF's, RSA's or annuity provider's signature

Date

PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

1 Pay me a gross cash amount of: \$ 18000.00

I understand that this amount may be subject to tax.

! You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

Section F: Rollover payment

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

PLUM SUPER

3 Fund ABN 80008515633

4 Superannuation fund, ADF, RSA or annuity provider postal address:

GPO BOX 63

Suburb/town/locality

MELBOURNE

State/territory

VIC

Postcode

3001

5 Member account number

6 Roll over an amount of: \$ 18000.00

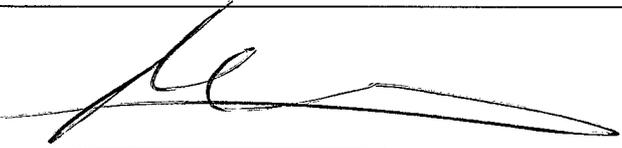
Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

PETER BELL

Signature



Date

15.10.20

15/10/2020

! You should keep a copy of the statement for your records for a period of five years.

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2020

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Payee details

Tax file number	121606377		
Surname or family name	BELL		
Given name(s)	PETER		
Residential address	UNIT 2, 81 MARSHALL STREET		
Suburb/town/locality	State/territory	Postcode	
DAPTO	NSW	2530	
Date of birth (if known)	Day	Month	Year
	05	APRIL	1957

Section B: Payment details

Date of payment 15 OCTOBER 2020

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$ 18000.00

Untaxed element \$

Tax-free component \$

Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

! You must also complete this section

Australian business number (ABN) or withholding payer number (WPN)

52309829977 Branch number

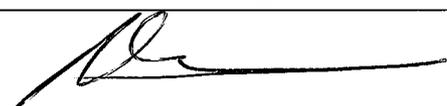
Name (use the same name that appears on your activity statement)

PETLIN SUPER FUND

Privacy - For information about your privacy visit our website at ato.gov.au/privacy

DECLARATION - I declare that the information given on this form is complete and correct.

Signature of authorised person



Date

15-10-20
15/10/2020