

14 January 2021



269176BPOVRNT
Akita Super Fund
PO Box 227
BALLINA NSW 2478

R02

Dear Administrator

**Rollover from UniSuper for Associate Professor
Geoffrey Brahm Levey
UniSuper Member Number: 4147444**

The above member has instructed the Trustee of their intention to rollover their benefit entitlement to your organisation. We have credited the amount to your bank account. Accordingly we enclose the following:

1. Rollover Benefits Statement

If you have any additional queries please do not hesitate to contact a Member Services Consultant on 1800 331 685.

Yours sincerely

Lee Scales

Lee Scales
Chief Customer Officer

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

unisuper.com.au

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)	: 56 949-859-558
2	Fund name	: AKITA SUPER FUND
3	Postal address	: PO BOX 227
	Suburb/Town	: BALLINA
	State	: NSW
	Postcode	: 2478
	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)	: 144 915 624
6	Full Name	
	Title	: Associate Professor
	Family Name	: LEVEY
	First Given Name	: Geoffrey
	Other Given Name(s)	: Brahm
7	Residential Address	: UNIT 304
		: 1 STERLING CIRCUIT UPPER
	Suburb/Town	: CAMPERDOWN
	State	: NSW
	Postcode	: 2050
	Country	:
8	Date of Birth	: 16 / 02 / 1959
9	Sex	: Male
10	Daytime phone number	:
11	Email address (if applicable)	: g.levy@unsw.edu.au

SECTION C: ROLLOVER TRANSACTION DETAILS

12	Service period start date	: 23 / 09 / 1995
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13 Tax components

Tax-free component	\$	380.98
KiwiSaver Tax-free component	\$	0.00
Taxable component		
Element taxed in the fund, and	\$	99,619.02
Element untaxed in the fund	\$	0.00
Tax components TOTAL	\$	100,000.00

14 Preservation amounts

Preserved amount	\$	100,000.00
KiwiSaver Preserved amount	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00
Preservation amounts TOTAL	\$	100,000.00

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 : Lee Scales

Trustee, director, or authorised officer signature : *Lee Scales*

Date : 14 January 2021

