Original - Send to rollover fund within 7 days of payment

Section 1 - Receiv	ing fund detail	S			THIS FORM DOES NOT INCLUDED IN A TAX		_
AustralianSuper							5 714 394 898
GPO Box 1901	2 0004			Unique	Superannuation Identifier (USI)	
MELBOURNE VIO AUSTRALIA	3001			-	er Client Identifier 107291	-	
Section 2 - Individ	ual's details						
Individual's full nam		Surn	ame or far	mily name	Blakemore		
Title First given name	Mark						
Other given names	Andrew	Andrew					
Address	40 Dava Dr	ive					
	MORNING	TON	VIC 393	1			
			Em	nail jgibb	on@bigpond.net.au	Ph ((04) 2356 1792
Date of Birth	21/09/1960		Sex	M	Tax File Number (if required or permitted by	ov 3	312-483-329
Name and Address authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll over fund.						Ph	
Section 3 - Roll-ov	ver payment de	tails		E	Eligible Service Period		
Section 3 - Roll-ov Components	er payment de	etails			Eligible Service Period Date started		08/12/1960
	ver payment de	etails	\$5,24		_	e Roll-o	
Components		etails		3.97 F	Pate started	e Roll-o	
Components Tax-free component	omponent	etails		3.97 F	Preservation amounts of the	e Roll-o	ver payment
Components Tax-free component KiwiSaver tax-free co	omponent :	etails		3.97 F	Preservation amounts of the Preserved amount	e Roll-o	\$28,656.41
Components Tax-free component KiwiSaver tax-free co Taxable component	omponent : e fund	etails	\$69,29	3.97 F 50.00 F 60.23 F	Preservation amounts of the Preserved amount CiwiSaver preserved amount	e Roll-o	\$28,656.41 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the	omponent : e fund the fund		\$69,29	3.97 F 0.00 F 0.23 F 0.00 U	Preservation amounts of the Preserved amount KiwiSaver preserved amount Restricted Non-Preserved		\$28,656.41 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in	omponent te fund the fund nts TOTAL	4	\$69,29 \$	3.97 F 0.00 F 0.23 F 0.00 U	Preservation amounts of the Preserved amount KiwiSaver preserved amount Restricted Non-Preserved Unrestricted Non-Preserved Rervation amounts TOTAL		\$28,656.41 \$0.00 \$0.00 \$45,877.79
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in	omponent e fund the fund nts TOTAL	S	\$69,29 \$ \$74,534.2	3.97 F 60.00 F 60.23 F 60.00 U	Preservation amounts of the Preserved amount CiwiSaver preserved amount Restricted Non-Preserved Unrestricted Non-Preserved Rervation amounts TOTAL AMOUNTS MUST BE EQUA		\$28,656.41 \$0.00 \$0.00 \$45,877.79
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in the Tax compone	omponent e fund the fund nts TOTAL	S	\$69,29 \$ \$74,534.2	3.97 F 60.00 F 60.23 F 60.00 U 7 Pres 8 BOTH A	Preservation amounts of the Preserved amount CiwiSaver preserved amount Restricted Non-Preserved Unrestricted Non-Preserved Rervation amounts TOTAL AMOUNTS MUST BE EQUA		\$28,656.41 \$0.00 \$0.00 \$45,877.79
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in the Tax compone	omponent te fund the fund omplying Fund to a non-comply	s ying fu	\$69,29 \$ \$74,534.2	3.97 F 60.00 F 60.23 F 60.00 U 7 Pres 8 BOTH A	Preservation amounts of the Preserved amount CiwiSaver preserved amount Restricted Non-Preserved Unrestricted Non-Preserved Pervation amounts TOTAL AMOUNTS MUST BE EQUA	L	\$28,656.41 \$0.00 \$0.00 \$45,877.79
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in Tax compone Section 4 - Non-co Contributions made	omponent te fund the fund omplying Fund to a non-comply	s ying fu	\$69,29 \$ 674,534.2 und on or	3.97 F 0.00 F 0.23 F 0.00 V 0 Pres BOTH A	Preservation amounts of the Preserved amount CiwiSaver preserved amount Restricted Non-Preserved Unrestricted Non-Preserved Pervation amounts TOTAL AMOUNTS MUST BE EQUA May 2006	L	\$28,656.41 \$0.00 \$0.00 \$45,877.79 \$74,534.20

Original - Send to rollover fund within 7 days of payment

Section 6 - Declaration	
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION	
I declare that the information contained in this statement is true and correct.	
Name	
Mr Mark Andrew Blakemore	
Trustee, director or officer signature	
	Date: / / 20
OR	
AUTHORISED REPRESENTATIVE DECLARATION	
I declare that: - I have prepared the statement with the information supplied by the superior I have received a declaration made by the superannuation provider that preparation of this statement is true and correct - I am authorised by the superannuation provider to give information in the	t the information provided to me for the
Name	
Mr Mark Andrew Blakemore	
Authorised representative signature	

Where to send this form

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

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

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

If the rollover 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 (do not send this form to the receiving fund in section 1)

Date:

/ 20

- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receivi	ing fund detail	S		THIS FORM DOES NOT INCLUDED IN A TAX	· · · · · ·
AustralianSuper					BN 65 714 394 898
GPO Box 1901			Uniq	ue Superannuation Identifier (U	SI)
MELBOURNE VIC AUSTRALIA	3001		-	mber Client Identifier 1072916	
Section 2 - Individu	ual's details				
Individual's full name		Surname or	r family na	me Blakemore	
Title First given name	Mark	J			
Other given names	Andrew				
Address	40 Dava Dr	ive			
	MORNING	TON VIC 3	931		
			Email jgi	bbon@bigpond.net.au	Ph (04) 2356 1792
Date of Birth	21/09/1960	Sex	М	Tax File Number (if required or permitted by	, 312-483-329
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll-over fund.					Ph
Section 3 - Roll-ov	er payment de	tails		Eligible Service Period	
Components				Date started	08/12/1960
Tax-free component		\$5	,243.97	Preservation amounts of the	Roll-over payment
KiwiSaver tax-free co	mponent		\$0.00	Preserved amount	\$28,656.41
Taxable component				KiwiSaver preserved amount	\$0.00
Element taxed in the	fund	\$69	,290.23	Restricted Non-Preserved	\$0.00
Element untaxed in t	he fund		\$0.00	Unrestricted Non-Preserved	\$45,877.79
Tax componer	nts TOTAL	\$74,53		reservation amounts TOTAL TH AMOUNTS MUST BE EQUAL	\$74,534.20
Section 4 - Non-co	mplying Fund	S			
Contributions made	to a non-comply	ing fund on	or after 1	0 May 2006	
				\$0.00	
Section 5 - Transfe	erring fund det	ails		Payer ABN	31 952 911 451
Payer's Name	The Blakemore	Retiremen	t Fund	-	
Contact Name	Mr Mark Andre	w Blakemor	re	Email jgibbon@bigpond.net.au P	rh (04) 2356 1792

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration	
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION	
I declare that the information contained in this statement is true and correct.	
Name	
Mr Mark Andrew Blakemore	
Trustee, director or officer signature	
	Date: / / 20
OR	Date. / / 20
OR AUTHORISED REPRESENTATIVE DECLARATION	
I declare that: - I have prepared the statement with the information supplied by the supera - I have received a declaration made by the superannuation provider that the preparation of this statement is true and correct - I am authorised by the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation in the statement is the superannuation provider to give information in the superannuation in the statement is the superannuation in the statement is the superannuation in the superannuation in the superannuation in the superannuation is the superannuation in the superannuation in the superannuation is superannuation.	e information provided to me for the
Name	
Mr Mark Andrew Blakemore	
Authorised representative signature	
	Date: / / 20

Where to send this form

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

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

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

If the rollover 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 (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Triplicate - Keep for your fund records

Section 1 - Receiv	ing fund detail	s			_		ES NOT H IN A TAX F		_
AustralianSuper					IINC	LUDED			714 394 898
GPO Box 1901				Uniau	e Superani	nuation lo	lentifier (US		
MELBOURNE VIC	3001			_	-		10729165	-	
							10120100		
Section 2 - Individ	_	٦ _							
Title	IVII	Surr	name or fa	amily nan	ne Blaken	nore			
First given name	Mark								
Other given names	Andrew								
Address	40 Dava Dr								
	MORNING	TON	VIC 393	31					
			Е	mail jgib	bon@bigp			Ph (0	4) 2356 1792
Date of Birth	21/09/1960		Sex	М		e Number ired or pe	ermitted by	3	12-483-329
Name and Address of authorised agent or	of								
advisor (if any) Must be authorised to									
receive information about this roll-over from the roll								Ph	
over fund.									
Section 3 - Roll-ov	er payment de	etails			Eligible S	ervice Pe	riod	ſ	
Components					Date starte	ed			08/12/1960
Tax-free component			\$5,2	243.97	Preservat	ion amou	nts of the R	coll-o	ver payment
KiwiSaver tax-free co	mponent			\$0.00	Preserved	amount			\$28,656.41
Taxable component	:				KiwiSaver	preserved	d amount		\$0.00
Element taxed in the	fund		\$69,2	290.23	Restricted	Non-Pres	erved		\$0.00
Element untaxed in	the fund			\$0.00	Unrestricte	ed Non-Pro	eserved		\$45,877.79
Tax compone	nts TOTAL	(\$74,534.	.20 Pr	eservation	amounts	TOTAL		\$74,534.20
				BOTH	I AMOUNT	S MUST E	BE EQUAL		
Section 4 - Non-co	mplying Fund	s							
		• • •		r after 10	May 2006				
Contributions made	to a non-comply	ying ti	una on o	anter it	,				
Contributions made	to a non-comply	ying ti	una on o						
			una on o		\$0.00	F	Paver ABN	31	952 911 451
Section 5 - Transfe		tails				F	Payer ABN	31	952 911 451

Triplicate - Keep for your fund records

	Sect	ion	6 - 1	Dec	ara	tio	ï
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TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

NI.	~ n	

Name				
Mr Mark Andrew Blakemore				
Trustee, director or officer signature				
	Date:	/	/ 20	
OR				

AUTHORISED REPRESENTATIVE 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 information in the statement to the ATO

Name

Name			
Mr Mark Andrew Blakemore			
Authorised representative signature			
	Date:	 / 20	
	Date.	 7 20	
Tax agent number (if you are a registered tax agent)			

Where to send this form

If the rollover standards do not applyto the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover standards do applyto the transaction, you must do all of the following:

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- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.