Original - Send to rollover fund within 7 days of payment

Section 1 - Receiv	ing fund detai	ls			THIS FORM DC INCLUDED				
AustralianSuper					INCLUDED			5 714 394 898	
GPO Box 1901			Unique	Superannuation Id	-				
MELBOURNE VIC	3001			-	er Client Identifier	-	-		
Section 2 Individ	ual's datails								
Section 2 - Individual's details Individual's full name Mrs			name or far	mily namo	Blakemore				
Title	IVIIS	Suii	name or iai	Tilly Harrie	Diakemore				
First given name	Heather								
Other given names Address									
		40 Dava Drive MORNINGTON VIC 3931							
	MORNING	TON							
			1 -	nail	Tax File Number		⊃h ——		
Date of Birth	26/02/1968	3	Sex	F	(if required or pe		1	56-635-710	
Name and Address of authorised agent or	of								
advisor (if any)									
Must be authorised to receive information about									
this roll-over from the roll- over fund.	-					F	Ph		
Section 3 - Roll-ov	er payment d	etails		E	ligible Service Pe	riod			
Components			_	С	ate started			19/02/1993	
Tax-free component			\$3,91	2.16 P	reservation amou	ints of the R	oll-o	ver payment	
KiwiSaver tax-free co	mponent		\$	0.00 P	reserved amount			\$38,480.63	
Taxable component	:			K	iwiSaver preserved	d amount		\$0.00	
Element taxed in the	fund		\$39,22	23.12 R	estricted Non-Pres	served		\$0.00	
Element untaxed in t	the fund		\$	0.00 L	Inrestricted Non-Pr	eserved		\$4,654.65	
Tax compone	nts TOTAL		\$43,135.2	8 Pres	ervation amounts	TOTAL		\$43,135.28	
					AMOUNTS MUST E				
Section 4 - Non-co	mplying Fund	ds							
Contributions made			und on or	after 10 N	lay 2006				
Continue E Transf	annin ar farmalada	40!!0		\$ 0	.00	_	21	952 911 451	
Section 5 - Transfe			·	- 1	F	Payer ABN	31	302 311 401	
Payer's Name	The Blakemor						(0.4)	2256 1702	
Contact Name	Mr Mark Andre	ew Bla	akemore	Er	nail jgibbon@bigpon	id.net.au Ph	(04)	2356 1792	

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 HINCLUDED IN A TAX	_		
AustralianSuper					BN 65 714 394 898		
GPO Box 1901			Uniqu	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	family nar	me Blakemore			
Title First given name	Heather						
Other given names	Frances						
Address	40 Dava Dr	40 Dava Drive					
	MORNING ⁻	TON VIC 39	931				
			Email	Ph			
Date of Birth	26/02/1968	Sex	F	Tax File Number (if required or permitted by	, 156-635-710		
Name and Address of authorised agent or	of						
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	19/02/1993		
Tax-free component		\$3,	912.16	Preservation amounts of the l	Roll-over payment		
KiwiSaver tax-free co	mponent		\$0.00	Preserved amount	\$38,480.63		
Taxable component				KiwiSaver preserved amount	\$0.00		
Element taxed in the	fund	\$39,	223.12	Restricted Non-Preserved	\$0.00		
Element untaxed in t	the fund		\$0.00	Unrestricted Non-Preserved	\$4,654.65		
Tax componer	nts TOTAL	\$43,135	5.28 Pr	reservation amounts TOTAL	\$43,135.28		
			ВОТ	H AMOUNTS MUST BE EQUAL			
Section 4 - Non-co	mplying Fund	S					
Contributions made	to a non-comply	ying fund on	or after 1	0 May 2006			
				\$0.00			
Section 5 - Transfe	erring fund det	tails		Payer ABN	31 952 911 451		
Payer's Name	The Blakemore	e Retirement	Fund	·			
Contact Name	Mr Mark Andre	w Blakemore	e	Email jgibbon@bigpond.net.au P	h (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
	Date. / / 20
OR AUTHORISED REPRESENTATIVE DECLARATION	
I declare that: - I have prepared the statement with the information supplied by the superar - 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 s	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			THIS FORM DO	OES NOT H IN A TAX R		
AustralianSuper					INCLUDED			714 394 898
GPO Box 1901				Unique	Superannuation I	-		
	MELBOURNE VIC 3001 AUSTRALIA			-	er Client Identifie	-	-	
	ual's details							
Section 2 - Individ		Qur	nama ar fai	mily namo	Blakemore			
Title	IVIIS	Suii	name or fai	Tilly Harrie	ыакетноге			
First given name	Heather							
Other given names Address	Frances	·i						
	40 Dava Dr		\/IC 202	1				
	MORINING	ION		nail			 Ph	
			1 -		Tax File Numbe			
Date of Birth	26/02/1968		Sex	F	(if required or p		1:	56-635-710
Name and Address authorised agent or								
advisor (if any)								
Must be authorised to receive information about this roll-over from the roll								
over fund.	-					1	Ph	
Section 3 - Roll-ov	er payment de	etails		E	ligible Service Po	eriod		
Components					ate started			19/02/1993
Tax-free component			\$3,91	2.16 P	reservation amo	unts of the R	oll-ov	ver payment
KiwiSaver tax-free component		\$	60.00 F	reserved amount			\$38,480.63	
Taxable component	ŧ			K	iwiSaver preserve	ed amount		\$0.00
Element taxed in the	e fund		\$39,22	23.12 F	testricted Non-Pre	served		\$0.00
Element untaxed in	the fund		\$	S0.00	Inrestricted Non-P	reserved		\$4,654.65
Tax compone	nts TOTAI		\$43,135.2	8 Pres	ervation amounts	s TOTAI		\$43,135.28
rax compens					AMOUNTS MUST	_		
Section 4 - Non-co	omplying Fund	s						
Contributions made			und on or	after 10 N	lav 2006			
Continue E True				Ф О	.00		21	952 911 451
Section 5 - Transfe			<u></u>			Payer ABN	31	302 311 401
Payer's Name	The Blakemore						(O.4)	0050 4700
Contact Name	Mr Mark Andre	w Bla	akemore	Er	nail jgibbon@bigpo	nd.net.au Ph	_i (U4)	2356 1792

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.

Nome	•

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.