Lance Superannuation Fund

Members Benefits Year Ended 30/06/2020

	Catherine Lance - Pension Age:75			David Lance - Pension Age:75			Total
	Undeducted	Taxed	Total	Undeducted	Taxed	Total	Total
Opening Balance	330,074.51	769,131.36	1,099,205.87	357,933.11	780,546.86	1,138,479.97	2,237,685.84
Commutation - Rollover 15/08/19	-11,261.25	-26,238.75	-37,500.00	-11,790.00	-25,710.00	-37,500.00	-75,000.00
Commutation - Rollover 13/12/19	-183,345.16	-427,194.84	-610,540.00	-199,788.62	-435,671.38	-635,460.00	-1,246,000.00
Commutation - Rollover 21/02/20	-62,762.70	-146,237.30	-209,000.00	-68,539.20	-149,460.80	-218,000.00	-427,000.00
Commutation - Rollover 11/05/20	-71,802.31	-167,299.64	-239,101.95	-77,867.17	-169,801.95	-247,669.12	-486,771.07
Income for the year	8,915.36	20,716.20	29,631.56	10,706.65	23,331.73	34,038.38	63,669.94
(*apportioned to opening balances)							
Pension - Tax Refund 19/20	-1,558.00	-3,630.14	-5,188.14	-1,694.37	-3,694.86	-5,389.23	-10,577.37
Pension - 01/05/20	-8,260.45	-19,246.89	-27,507.34	-8,960.40	-19,539.60	-28,500.00	-56,007.34
	-330,074.51	-769,131.36	-1,099,205.87	-357,933.11	-780,546.86	-1,138,479.97	-2,237,685.84
Tax on Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tax on Contributions	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Increase/(Decrease) for year	-330,074.51	-769,131.36	-1,099,205.87	-357,933.11	-780,546.86	-1,138,479.97	-2,237,685.84
Closing Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	Catherine			David		
Tax Free%			30.03%			31.44%

19/20 Minimum Pension

	Catherine	David
@6%	$ 1,099,205.87	$ 1,138,479.97
	$ 65,952	$ 68,310
Adjusted for Commutations	$ 14,600	$ 14,900

Pension Taken 19/20

	Catherine	David
Pension Taken 19/20	$ 27,507.34	$ 28,500.00
Pension Taken 19/20 Tax refund	$ 5,188.14	$ 5,389.23
	$ 32,695.48	$ 33,889.23

Super Transfer Balance

	Catherine	David
1/07/2017	$ 860,029.41	$ 897,249.12
1/07/2017 Add to Balance	$ 179,843.85	$ 179,843.85
15/08/2019 Commutation	-$ 37,500.00	-$ 37,500.00
13/12/2019 Commutation	-$ 610,540.00	-$ 635,460.00
21/02/2020 Commutation	-$ 209,000.00	-$ 218,000.00
11/05/2020 Commutation	-$ 239,101.95	-$ 247,669.12
	-$ 56,268.69	-$ 61,536.15

Note: TBAR balance is greater than $1million so must report quarterly in future

Australian Government

Australian Taxation Office

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013.

If you need to correct an error regarding 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 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)   `91  385  943  850`

2   Fund name

Uni Super

3   Postal address

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality

MELBOURNE

State/territory   `VIC`   Postcode   `3000`

Country if other than Australia

4   (a) Unique superannuation identifier (USI)   `91385943850001`

(b) Member client identifier   `14377857`

Section B: **Member's details**

5 Tax file number (TFN) 3 1 9 7 3 0 0 9 3

6 Full name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other [ ]

Family name

LANCE

First given name

DAVID

Other given names

GEORGE

7 Residential address

2130 KINGLAKE RD

Suburb/town/locality

ST ANDREWS

State/territory VIC

Postcode 3761

Country if other than Australia

8 Date of birth Day 17 / Month 05 / Year 1944

9 Sex Male ☒ Female ☐

10 Daytime phone number (include area code)

0 3 9 7 1 0 1 4 8 4

11 Email address (if applicable)

lance.wineservices@iinet.au

Section C: **Rollover transaction details**

❗ 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 Day 18 / Month 06 / Year 1998

13 Tax components

Tax-free component $ _ _ _ , _ 1 1 , 7 9 0 · 0 0

KiwiSaver tax-free component $ _ _ _ , _ _ _ , _ _ 0 · _ _

Taxable component:
Element taxed in the fund $ _ _ _ , _ 2 5 , 7 1 0 · 0 0

Element untaxed in the fund $ _ _ _ , _ _ _ , _ _ 0 · _ _

Tax components TOTAL $ _ _ _ , _ 3 7 , 5 0 0 · 0 0

❗ 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.

4 Preservation amounts

Preserved amount $\quad$ \$ ☐☐☐,☐☐☐,☐☐0·☐☐

KiwiSaver preserved amount $\quad$ \$ ☐☐☐,☐☐☐,☐☐0·☐☐

Restricted non-preserved amount $\quad$ \$ ☐☐☐,☐☐☐,☐☐0·☐☐

Unrestricted non-preserved amount $\quad$ \$ ☐☐☐,☐37,500·00

Preservation amounts TOTAL $\quad$ \$ ☐☐☐,☐37,500·00

> ❗ 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

$\quad$ \$ ☐☐☐,☐☐☐,☐☐0·☐☐

Section E: **Transferring fund**

16 Fund ABN ☐1☐2 $\quad$ ☐4☐4☐8 $\quad$ ☐2☐8☐7 $\quad$ ☐9☐1☐5

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

☐0☐3☐9☐7☐1☐0☐1☐4☐8☐4☐☐☐☐☐

20 Email address (if applicable)

lancewine.services.eiinet.au.

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)

David Lance

Trustee, director or authorised officer signature

David G Lance

Date

Day 1 6 / Month 0 8 / Year 2 0 1 9

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)

Authorised representative signature

Date

Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

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

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 them 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 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 (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 a period of five years.

Australian Government
Australian Taxation Office

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013.

If you need to correct an error regarding 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 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) 9 1　3 8 5　9 4 3　8 5 0

2 Fund name

UniSuper

3 Postal address

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality

MELBOURNE

Country if other than Australia

State/territory VIC

Postcode 3000

4 (a) Unique superannuation identifier (USI) 9 1 3 8 5 9 4 3 8 5 0 0 0 1

(b) Member client identifier 143778 55̶7̶

Section B: **Member's details**

5 Tax file number (TFN) 320 313 818

6 Full name

Title: Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other [ ]

Family name

LANCE

First given name

CATHERINE

Other given names

EILEEN

7 Residential address

2130 KINGLAKE ROAD

Suburb/town/locality

ST ANDREWS

State/territory VIC

Postcode 3761

Country if other than Australia

8 Date of birth Day 21 / Month 07 / Year 1943

9 Sex Male ☐ Female ☒

10 Daytime phone number (include area code)

0 3 9 7 1 0 1 4 8 4

11 Email address (if applicable)

lancewine services iinet. au

Section C: **Rollover transaction details**

❗ 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 Day 18 / Month 06 / Year 1998

13 Tax components

Tax-free component $ 11,261·25

KiwiSaver tax-free component $ 0·00

Taxable component:
Element taxed in the fund $ 26,238·75

Element untaxed in the fund $ 0·00

Tax components TOTAL $ 37,500·00

❗ 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	$ ☐☐☐,☐☐☐,☐☐☐.☐☐
KiwiSaver preserved amount	$ ☐☐☐,☐☐☐,☐☐☐.☐☐
Restricted non-preserved amount	$ ☐☐☐,☐☐☐,☐☐☐.☐☐
Unrestricted non-preserved amount	$ ☐☐☐,☐37,500.00

Preservation amounts TOTAL $ ☐☐☐,☐37,500.00

> **!** 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

$ ☐☐☐,☐☐☐,☐☐0.☐☐

Section E: Transferring fund

16 Fund ABN

12 448 287 915

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other ☐ [_____]

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

0 3 9 7 1 0 1 4 8 4

20 Email address (if applicable)

lancewineservices@iinet.au

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)

DAVID LANCE

Trustee, director or authorised officer signature

David G Lance

Date

Day | Month | Year
16 / 08 / 2019

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)

Authorised representative signature

Date

Day | Month | Year

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

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 them 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 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 (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 a period of five years.

Commonwealth Bank
Commonwealth Bank of Australia

Date 16 - 08 - 2019

DIAMOND CREEK VIC

Pay UniSuper Limited

or bearer $ 37,500

The sum of Thirty seven thousand, five
hundred dollars

NOT NEGOTIABLE

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

This cheque contains special security features
including Thermochromic ink and micro printing.

⑈000151⑈ 063⑈594⑈ 1012⑈0620⑈

Commonwealth Bank
Commonwealth Bank of Australia

Date 16 - 08 - 2019

DIAMOND CREEK VIC

Pay UniSuper Limited

or bearer $ 37,500

The sum of Thirty seven thousand, five
hundred dollars

NOT NEGOTIABLE

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

This cheque contains special security features
including Thermochromic ink and micro printing.

⑈000152⑈ 063⑈594⑈ 1012⑈0620⑈

Australian Government
Australian Taxation Office

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)   9 1 3 8 5 9 4 3 8 5 0

2   Fund name

Uni Super

3   Postal address

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality

MELBOURNE

Country if other than Australia

State/territory   V I C   Postcode   3 0 0 0

4   (a) Unique superannuation identifier (USI)   9 1 3 8 5 9 4 3 8 5 0 0 0 1

   (b) Member client identifier   1 4 3 7 7 8 5 5

Section B: **Member's details**

5   **Tax file number (TFN)**   3 2 0   3 1 3   8 1 8

6   **Full name**

Title: Mr ☐   Mrs ☒   Miss ☐   Ms ☐   Other [ ]

Family name

LANCE

First given name

CATHERINE

Other given names

EILEEN

7   **Residential address**

2130 KINGLAKE ROAD

Suburb/town/locality

ST ANDREWS

State/territory   VIC

Postcode   3761

Country if other than Australia

8   **Date of birth**   Day 21 / Month 07 / Year 1943

9   **Sex**   Male ☐   Female ☒

10   **Daytime phone number** (include area code)

0 3 9 7 1 0 1 4 8 4

11   **Email address** (if applicable)

lancewineservices eiinet - au

Section C: **Rollover transaction details**

🔵 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**   Day 18 / Month 06 / Year 1998

13   **Tax components**

Tax-free component $ 183,345.16

KiwiSaver tax-free component $, , .

Taxable component:
Element taxed in the fund $ 427,194.84

Element untaxed in the fund $, , .

Tax components TOTAL $ 610,540.00

🔵 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 $ ☐☐☐,☐☐☐,☐☐☐.☐☐

KiwiSaver preserved amount $ ☐☐☐,☐☐☐,☐☐☐.☐☐

Restricted non-preserved amount $ ☐☐☐,☐☐☐,☐☐☐.☐☐

Unrestricted non-preserved amount $ ☐☐☐,610,540.00

Preservation amounts TOTAL $ ☐☐☐,610,540.00

⓵ 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**

⓵ 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

$ ☐☐☐,☐☐☐,☐☐0.☐☐

Section E: **Transferring fund**

16 Fund ABN 12 448 287 915

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other _____

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

0397101484

20 Email address (if applicable)

lancewineservicese iinet.au

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)

DAVID LANCE

Trustee, director or authorised officer signature

David G Lance

Date

Day	Month	Year
1 3	1 2	2 0 1 9

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)

Authorised representative signature

Date

Day	Month	Year

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

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.

Australian Government
Australian Taxation Office

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)   9 1   3 8 5   9 4 3   8 5 0

2   Fund name

UniSuper

3   Postal address

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality
MELBOURNE

State/territory   V I C

Postcode   3 0 0 0

Country if other than Australia

4   (a) Unique superannuation identifier (USI)   9 1 3 8 5 9 4 3 8 5 0 0 0 1

(b) Member client identifier   1 4 3 7 7 8 5 7

Section B: **Member's details**

5 Tax file number (TFN) 3 1 9 7 3 0 0 9 3

6 Full name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other _____

Family name
LANCE

First given name
DAVID

Other given names
GEORGE

7 Residential address

2130 KINGLAKE ROAD

Suburb/town/locality
ST ANDREWS

State/territory
VIC

Postcode
3761

Country if other than Australia

8 Date of birth Day 1 7 / Month 0 5 / Year 1 9 4 4

9 Sex Male ☒ Female ☐

10 Daytime phone number (include area code)
0 3 9 7 1 0 1 4 8 4

11 Email address (if applicable)
lancewineservices@iinet.au

Section C: **Rollover transaction details**

🛈 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 Day 1 8 / Month 0 6 / Year 1 9 9 8

13 Tax components

Tax-free component $ ___,199,788·62

KiwiSaver tax-free component $ ___,___,__0·__

Taxable component:
Element taxed in the fund $ ___,435,671·38

Element untaxed in the fund $ ___,___,__0·__

Tax components TOTAL $ ___,635,460·00

🛈 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.

Preservation amounts

Preserved amount	$ ☐☐☐,☐☐☐,☐☐0.☐☐	
KiwiSaver preserved amount	$ ☐☐☐,☐☐☐,☐☐0.☐☐	
Restricted non-preserved amount	$ ☐☐☐,☐☐☐,☐☐0.☐☐	
Unrestricted non-preserved amount	$ ☐☐☐,635,460.00	

Preservation amounts TOTAL $ ☐☐☐,635,460.00

ℹ️ 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**

ℹ️ 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

$ ☐☐☐,☐☐☐,☐☐0.☐☐

Section E: **Transferring fund**

16 Fund ABN 12 448 287 915

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

0397101484

20 Email address (if applicable)

lancewineservicese iinet. au

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)

DAVID LANCE

Trustee, director or authorised officer signature

David G Lance

Date

Day	Month	Year
1 3	1 4	2 0 1 9

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)

Authorised representative signature

Date

Day	Month	Year

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

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.

Commonwealth Bank
Commonwealth Bank of Australia

Date 17/12/2019

DIAMOND CREEK VIC

This cheque contains special security features including Thermochromic ink and micro printing.

NOT NEGOTIABLE

Pay UNISUPER LIMITED   or bearer $ 610,540·00

The sum of Six hundred and ten thousand,
five hundred and forty dollars and
no cents

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

⑈000154⑈ 063⑈594⑈ 1012⑈0620⑈

Commonwealth Bank
Commonwealth Bank of Australia

Date 17/12/2019

DIAMOND CREEK VIC

This cheque contains special security features including Thermochromic ink and micro printing.

NOT NEGOTIABLE

Pay UNISUPER LIMITED   or bearer $ 635,460·00

The sum of Six hundred and thirty-five
thousand, four hundred and sixty
dollars, no cents

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

⑈000153⑈ 063⑈594⑈ 1012⑈0620⑈

Australian Government
Australian Taxation Office

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)**   `91` `385` `943` `850`

2 **Fund name**

UniSuper

3 **Postal address**

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality

MELBOURNE   State/territory `VIC`   Postcode `3000`

Country if other than Australia

4 (a) **Unique superannuation identifier (USI)**   `91385943850001`

(b) **Member client identifier**   `14377855`

Section B: **Member's details**

5 Tax file number (TFN) 320 313 818

6 Full name

Title: Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other ☐

Family name
LANCE

First given name
CATHERINE

Other given names
EILEEN

7 Residential address

2130 KINGLAKE ROAD

Suburb/town/locality
ST ANDREWS

State/territory VIC

Postcode 3761

Country if other than Australia

8 Date of birth Day 21 / Month 07 / Year 1943

9 Sex Male ☐ Female ☒

10 Daytime phone number (include area code)
0 3 9 7 1 0 1 4 8 4

11 Email address (if applicable)
lancewireservicese iinet.au

Section C: **Rollover transaction details**

🛈 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 Day 18 / Month 06 / Year 1998

13 Tax components

Tax-free component $ 62,762.70

KiwiSaver tax-free component $ ___,___,___.__

Taxable component:
Element taxed in the fund $ 146,237.30

Element untaxed in the fund $ ___,___,___.__

Tax components TOTAL $ 209,000.00

🛈 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 $ □□□,□□□,□□□.□□

KiwiSaver preserved amount $ □□□,□□□,□□□.□□

Restricted non-preserved amount $ □□□,□□□,□□□.□□

Unrestricted non-preserved amount $ □□□,209,000.00

Preservation amounts TOTAL $ □□□,209,000.00

🛈 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

$ □□□,□□□,□□0.□□

Section E: **Transferring fund**

16 Fund ABN 1 2   4 4 8   2 8 7   9 1 5

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr [X] Mrs [ ] Miss [ ] Ms [ ] Other [   ]

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

0 3 9 7 1 0 1 4 8 4 □ □ □ □ □

20 Email address (if applicable)

lancewineservices@iinet.au

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)

DAVID LANCE

Trustee, director or authorised officer signature

David G Lance

Date

Day	Month	Year
2 2	0 1	2 0 2 0

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)

Authorised representative signature

Date

Day	Month	Year

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

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.

Australian Government

Australian Taxation Office

Rollover benefits statement

When to use this statement

⓵ 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).

⓵ 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.

⓵ 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)   91 385 943 850

2 Fund name

UniSuper

3 Postal address

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality

MELBOURNE

State/territory VIC   Postcode 3000

Country if other than Australia

4 (a) Unique superannuation identifier (USI)   91385943850001

(b) Member client identifier   14377857

Section B: **Member's details**

5 Tax file number (TFN) 3 1 9 7 3 0 0 9 3

6 Full name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other [   ]

Family name

LANCE

First given name

DAVID

Other given names

GEORGE

7 Residential address

2130 KINGLAKE ROAD

Suburb/town/locality

ST ANDREWS

State/territory VIC

Postcode 3761

Country if other than Australia

8 Date of birth   Day 17 / Month 05 / Year 1944

9 Sex   Male ☒   Female ☐

10 Daytime phone number (include area code)

0 3 9 7 1 0 1 4 8 4

11 Email address (if applicable)

lancewineservices@iinet.au

Section C: **Rollover transaction details**

🛈 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   Day 18 / Month 06 / Year 1998

13 Tax components

Tax-free component $, 6 8, 5 3 9 . 2 0

KiwiSaver tax-free component $,   ,   .

Taxable component:

Element taxed in the fund $, 1 4 9, 4 6 0 . 8 0

Element untaxed in the fund $,   ,   .

Tax components TOTAL $, 2 1 8, 0 0 0 . 0 0

🛈 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 $ ☐☐☐,☐☐☐,☐☐☐.☐☐

KiwiSaver preserved amount $ ☐☐☐,☐☐☐,☐☐☐.☐☐

Restricted non-preserved amount $ ☐☐☐,☐☐☐,☐☐☐.☐☐

Unrestricted non-preserved amount $ ☐☐☐,218,000.00

Preservation amounts TOTAL $ ☐☐☐,218,000.00

> 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

$ ☐☐☐,☐☐☐,☐☐0.☐☐

Section E: **Transferring fund**

16 Fund ABN 12 448 287 918

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

0397101484

20 Email address (if applicable)

lancewineservices@iinet.au

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)

DAVID LANCE

Trustee, director or authorised officer signature

David G Lance

Date

Day	Month	Year
2 2	0 1	2 0 2 0

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)

Authorised representative signature

Date

Day	Month	Year

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

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.

Commonwealth Bank
Commonwealth Bank of Australia

Date 23/1/2020

DIAMOND CREEK VIC

Pay UNISUPER LIMITED

or bearer $218,000—

The sum of Two hundred and eighteen thousand dollars—

NOT NEGOTIABLE

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

⑈000155⑈ 063⑈594⑇ 1012⑈0620⑈

Commonwealth Bank
Commonwealth Bank of Australia

Date 23/1/2020

DIAMOND CREEK VIC

Pay UNISUPER LIMITED

or bearer $209,000—

The sum of Two hundred and nine thousand dollars—

NOT NEGOTIABLE

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

⑈000156⑈ 063⑈594⑇ 1012⑈0620⑈

Australian Government

Australian Taxation Office

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) `9 1  3 8 5  9 4 3  8 5 0`

2 Fund name

UniSuper

3 Postal address

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality

MELBOURNE

State/territory `V I C`

Postcode `3 0 0 0`

Country if other than Australia

4 (a) Unique superannuation identifier (USI) `9 1 3 8 5 9 4 3 8 5 0 0 0 1`

(b) Member client identifier `14377857`

Section B: **Member's details**

5   **Tax file number (TFN)**   3 1 9   7 3 0   0 9 3

6   **Full name**

Title: Mr ☒   Mrs ☐   Miss ☐   Ms ☐   Other _____

Family name

LANCE

First given name

DAVID

Other given names

GEORGE

7   **Residential address**

2130 KINGLAKE ROAD

Suburb/town/locality

ST ANDREWS

State/territory   VIC

Postcode   3761

Country if other than Australia

8   **Date of birth**   Day 1 7 / Month 0 5 / Year 1 9 4 4

9   **Sex**   Male ☒   Female ☐

10   **Daytime phone number** (include area code)

0 3 9 7 1 0 1 4 8 4

11   **Email address** (if applicable)

lancewineservicese iinet.au

Section C: **Rollover transaction details**

ⓘ 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**   Day 1 8 / Month 0 6 / Year 1 9 9 8

13   **Tax components**

Tax-free component $ 7 7 , 8 6 7 · 1 7

KiwiSaver tax-free component $,   ,   ·

Taxable component:

Element taxed in the fund $ 1 6 9 , 8 0 1 · 9 5

Element untaxed in the fund $,   ,   ·

Tax components TOTAL $ 2 4 7 , 6 6 9 · 1 2

ⓘ 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.

Page 2

14 Preservation amounts

Preserved amount $ ☐☐☐,☐☐☐,☐☐☐.☐☐

KiwiSaver preserved amount $ ☐☐☐,☐☐☐,☐☐☐.☐☐

Restricted non-preserved amount $ ☐☐☐,☐☐☐,☐☐☐.☐☐

Unrestricted non-preserved amount $ ☐☐☐,247,669.12

Preservation amounts TOTAL $ ☐☐☐,247,669.12

(!) 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

$ ☐☐☐,☐☐☐,☐☐0.☐☐

Section E: Transferring fund

16 Fund ABN 12 448 287 915

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr [X] Mrs [ ] Miss [ ] Ms [ ] Other [_____]

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

0397101484

20 Email address (if applicable)

lancewireservices@iinet.au

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)

DAVID LANCE

Trustee, director or authorised officer signature

David A Lance

Date

Day	Month	Year
1 1	0 5	2 0 2 0

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)

Authorised representative signature

Date

Day	Month	Year

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

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.

![Australian Government / Australian Taxation Office] **Australian Government**
Australian Taxation Office

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)   9 1   3 8 5   9 4 3   8 5 0

2 Fund name

UniSuper

3 Postal address

LEVEL 1, 385 BOURKE STREET

Suburb/town/locality

MELBOURNE

State/territory VIC

Postcode 3000

Country if other than Australia

4 (a) Unique superannuation identifier (USI)   9 1 3 8 5 9 4 3 8 5 0 0 0 1

(b) Member client identifier   14377855

Section B: **Member's details**

5   **Tax file number (TFN)**   320   313   818

6   **Full name**

Title: Mr ☐   Mrs ☒   Miss ☐   Ms ☐   Other ☐

Family name

LANCE

First given name

CATHERINE

Other given names

EILEEN

7   **Residential address**

2130 KINGLAKE ROAD

Suburb/town/locality

ST ANDREWS

State/territory   VIC

Postcode   3761

Country if other than Australia

8   **Date of birth**   Day 21 / Month 07 / Year 1943

9   **Sex**   Male ☐   Female ☒

10   **Daytime phone number** (include area code)

0397101484

11   **Email address** (if applicable)

lancewineservices e iinet . au

Section C: **Rollover transaction details**

🛈 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**   Day 18 / Month 06 / Year 1998

13   **Tax components**

Tax-free component $ 71,802.31

KiwiSaver tax-free component $ _ , _ , _ . _

Taxable component:

Element taxed in the fund $ 167,299.64

Element untaxed in the fund $ _ , _ , _ . _

Tax components TOTAL $ 239,101.95

🛈 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	$ ☐☐☐,☐☐☐,☐☐☐.☐☐
KiwiSaver preserved amount	$ ☐☐☐,☐☐☐,☐☐☐.☐☐
Restricted non-preserved amount	$ ☐☐☐,☐☐☐,☐☐☐.☐☐
Unrestricted non-preserved amount	$ ☐☐☐,2 3 9,1 0 1.9 5

Preservation amounts TOTAL $ ☐☐☐,2 3 9,1 0 1.9 5

> 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

$ ☐☐☐,☐☐☐,☐☐0.☐☐

Section E: **Transferring fund**

16 Fund ABN ☐1 2☐ ☐4 4 8☐ ☐2 8 7☐ ☐9 1 5☐

17 Fund name

LANCE SUPERANNUATION FUND

18 Contact name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

LANCE

First given name

DAVID

Other given names

19 Daytime phone number (include area code)

☐0 3 9 7 1 0 1 4 8 4☐

20 Email address (if applicable)

lance wine services e ii net . au .

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)

DAVID LANCE

Trustee, director or authorised officer signature

David G Lance

Date

Day	Month	Year
1 1	0 5	2 0 2 0

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)

Authorised representative signature

Date

Day	Month	Year

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

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.

Commonwealth Bank
Commonwealth Bank of Australia

NOT NEGOTIABLE

Date 11 MAY 2020

DIAMOND CREEK VIC

Pay UNI SUPER LIMITED   or bearer $ 247,669.12

The sum of Two hundred and forty seven thousand,
six hundred and sixty nine dollars
and 12/100.

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

⑈000157⑈ 063⑈594⑉ 1012⑈0620⑈

Commonwealth Bank
Commonwealth Bank of Australia

NOT NEGOTIABLE

Date 11 MAY 2020

DIAMOND CREEK VIC

Pay UNI SUPER LIMITED   or bearer $ 239,101.95

The sum of Two hundred and thirty nine thousand,
one hundred and one dollars and 95/100

C E LANCE AND D G LANCE ITF
THE LANCE SUPERANNUATION FUND

Catherine E Lance

⑈000158⑈ 063⑈594⑉ 1012⑈0620⑈