20 lansf01 Super, member state.xls

Sear Ended 3006/2012 Carterine Lance Persist Carterine Lance Persist Carterine Lance Persist Carterine Lance Carterine Lance Persist Carterine Lance								
Capterine Lance Perison David Lance - Perison David Lance David Lance - Perison David Lance	Members Benefits Year Ended	30/06/2020						
Undeducted Taxed Total		_	Age:75			Age:75		
Undeducted Taxed Total		Cathe	rine Lance - Per	nsion	Da	vid Lance - Pensi	ion	
330,074.51 769,131.36 1,099,205.87 357,933.11 780,546.86 1,138,479.97 2,237.66 1,333,445 2,37.600 1,329.66 1,334,479.97 2,37.600 1,333,445 2,37.600 1,329.64 2,391,019 2,37.600 2,37.100 2,37.000 2,37.000 2,37.000 2,37.000 2,327.600 2,333,420 2,334,460 2,334,400 2,37.000 2,327.600 2,32		Undeducted	Taxed	Total	Undeducted	Taxed	Total	Total
1,1,261,25 -26,288 75 -37,500,00 -11,790,00 -25,710,00 -37,500,00 -1,26,00	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
183 345 16 146 327 304 4610 54000 199 788 62 445 671 68 400 1724 600 1724	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
\$\begin{array}{c c c c c c c c c c c c c c c c c c c	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
Second State Seco	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
1,1526 1,156 1,156	Commutation - Rollover 11/05/20	-71,802.31	-167,299.64	-239,101.95	-77,867.17	-169,801.95		-486,771.07
19/20 -1,586,04 -1,586,05 -1,586,0	for the year	8 915 36	20 716 20	29 631 56	10,706.65	23.331.73	34.038.38	63.669.94
1,550 1,550 1,152 1,192 1,105 1,10	*apportioned to opening halances)		01.01	00.				
1.000	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
130,074.51 -769,131.36 -1,099,205.87 -357,933.11 -780,546.86 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68 -1,138,479.97 -2,237,68	Pension - 01/05/20	-8,260.45	-19,246.89	-27,507.34	-8,960.40	-19,539.60	-28,500.00	-56,007.3
1917 1917 1918		-330,074.51	-769,131.36	-1,099,205.87	-357,933.11	-780,546.86	-1,138,479.97	-2,237,685.8
1900 0.00	ax on Income	00.0	00.00	0.00	00.00	0.00		0.00
19/20 Minimum Pension Taken 19/20 Tax Free%	ax on Contributions	00.0	0.00	00.00	00.00			0.00
1972 Minimum Pension		0.00	0.00	00.00	0.00	0.00		0.00
Tax Free% 30.03% Tax Free% 31.44% 19/20 Minimum Pension 5 1.099,206.87 @6% 5 65,952 \$1,138,479.97 @6% \$68,310 2	let 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
31.44% ension @6% mutations \$ 9/20 \$ 9/20 \$ Add to Balance \$ Commutation -\$ Co	losing Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.0
### Services of the control of the c		Tax Free%	30.03%		Tax Free%	31.44%		
@6% \$ mutations \$ \$ 9/20 Tax refund \$ \$ 9/20 Tax refund \$ \$ 2/20 Tax refund \$ \$ 6/20 Tax refund \$ 6/20 Tax		19/20 Minimum Pe	ension		19/20 Minimum I	Pension		
mutations \$ 9/20		1,099,205.87	%9@		\$ 1,138,479.97	%9 @		
9/20 \$ \$ \$ 9/20 Tax refund \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Adjusted for Comr	nutations		Adjusted for Cor	mmutations		
alance \$ 4dd to Balance \$ 100mmutation -\$ 200mmutation -\$ 200m		Pension Taken 19	/20		Pension Taken	19/20		
alance \$ 6 Add to Balance \$ 1 Commutation -\$ 6 Commutatio		Pension Taken 19	/20 Tax refund		Pension Taken	19/20 Tax refund	s	/
alance \$ 8 Add to Balance \$ 1 Commutation \$								
Add to Balance \$ 1 Commutation -\$ Commutatio		Super Transfer Ba	alance		Super Transfer I	Balance		
Add to Balance \$ 1 Commutation -\$ Commutatio		1/07/2017			1/07/2017			
Commutation \$ 6		1/07/2017	Add to Balance		1/07/2017	οų	_	
Commutation -\$		13/12/2019	Commitation	1	13/12/2019		4	
Commutation -\$		21/02/2020	Commutation		21/02/2020	Commutation		
φ-		11/05/2020	Commutation		11/05/2020	Commutation		
				П				
The state of the s								



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.

_		
S	ection A: Receiving fund	
1	Australian business number (ABN) 91 385 943 850	
2	Fund name	
	Uni Super	
3	Postal address	
	LEVEL 1, 385 BOURKÉ STREET	
	Suburb/town/locality State/territory Postcode	
	MELBOURNE	5
	Country if other than Australia	
4	(a) Unique superannuation identifier (USI) 91365943850001	
	(b) Member client identifier 14377657	7
		_

	etion B: Member's details
٦ ٦	fax file number (TFN) 319 730 093
F F	Full name ittle: Mr Mrs Miss Ms Other family name LANCE First given name Other given names DAVID
7	Residential address
	2130 KINGLAKE RD
	Suburb/town/locality State/territory State/territory VIC 3767
8	Date of birth 17 / 05 / 1944
9	Sex Male X Female
10	Daytime phone number (include area code)
11	Email address (if applicable)
	lance wineservices @ linet. av
Se	Ction 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 Month Year
13	Tax components
	Tax-free component \$,
	KiwiSaver tax-free component \$
	Element taxed in the fund \$,
	Element untaxed in the fund \$
	Tax components TOTAL \$,, 500°0°0°0°0°0°0°0°0°0°0°0°0°0°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	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Preservation amounts TOTAL \$
	·	
	If the rollover payment contain self-managed superannuation func	s a KiwiSaver preserved amount , you can't make the rollover payment to a I (SMSF) under the preservation rules.
Se	ection D: Non-comply	ing funds
	Only complete this section if you a	re a trustee of a non-complying fund.
5	Contributions made to a non-c	complying fund on or after 10 May 2006
		\$
		· LILLI, LILLY LIL
-		
Se	ection E: Transferring	fund
16	Fund ABN 12 448	287 915
17	Fund name	
	LANCE SUPERANNUA	TION FIND
18	Contact name	
	Title: Mr Mrs Miss Ms	Other
	Family name	
	LANCE	
	First given name	Other given names
	DAVID	
19	Daytime phone number (include a	area code)
	0397101484	
00		
20	Email address (if applicable)	
	lance wine service	es elinet 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.

Tudolici triat trio irriori	
Name (BLOCK LETTERS)	
David Lance	
Trustee, director or authorised officer signature	
David Glance	Date Day Month Year Year Day Day Day Day Day Day Day D
OR	
AUTHORISED REPRESENTATIVE DECLARATION Complete this declaration if you are an authorised representative of the superannuation section E.	on fund or other provider shown in

this statement is true and correct

I am authorised by the superannuation provider to give the information in the statemer	nt to the ATO.
Name (BLOCK LETTERS)	
Authorised representative signature	
	Date Day Month Year Line Amount Amo
Tax agent number (if you are a registered tax agent)	

I have received a declaration made by the superannuation provider that the information provided to me for the preparation of

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:

I have prepared the statement with the information supplied by the superannuation provider

- m send the form to the receiving fund in section A within seven days of paying them the rollover
- material 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.

- m 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
- m keep a copy of the member statement in your records for a period of five years.



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.

ection A: Receiving fund
Australian business number (ABN) 91 385 943 850
Fund name
Uni Super
•
Postal address
LEVEL 1, 385 BOURKE STREET
Suburb/town/locality State/territory Postcode
MELBOURNE YIC 3000
Country if other than Australia
(a) Unique superannuation identifier (USI) 91385943850001
(b) Member client identifier 143 778 第1

Se	ction B: Member's détails
5	Tax file number (TFN) 320 313 818
	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 STANDLEWS Country if other than Australia
8	Date of birth Day / Day / Nonth / Year
9	Sex Male Female X
10	Daytime phone number (include area code)
11	Email address (if applicable)
	lancewine servicese innet. au
Se	ection 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 Month Year
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 \$
	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.

<u></u>
<u></u>
]·D[
0.00
0.00
×

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)
Daun	1 ANY

Trustee, director or authorised officer signature

. I a Lame

Date

201

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
- m provide a copy to the member in section B within 30 days of paying the rollover
- makeep a copy in your records for a period of five years.

- m 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)
- mause this form only to provide a statement to the member in section B within 30 days of paying the rollover
- makeep a copy of the member statement in your records for a period of five years.

Commonwealth Bank of				Da	te 16 - 0	18-2
DIAMOND CREEK	VIC		Carrie Ca			
Pay Uni Sur	ex Li	mited		or beare	5 3 3 7 ,	500-
The sum of Thi	Ty seven	don	o hand,	five		
Lun	died	dollars	ternal starting			
C E LANCE AND I		FUND .		,	1	
		_ 6	therin	e 2 9	ance	

Commonwealth Bank of Australia

Date 16-08-2019

Diamondous Bank of Australia

Or bearer \$37,500

The sum of Hing sum of Hings and Australia

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

Lather 16-08-2019

Bank of Australia

Or bearer \$37,500

Lather 16-08-2019

Bank of Australia

Or bearer The sum of Hings and Australia

Lather 16-08-2019

Bank of Australia

Or bearer S 37,500

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Or bearer S 37,500

"OOO152" O63"594" 1012"O620"





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:

- wyou 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.

- 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.

Se	ection A: Receiving fund
1	Australian business number (ABN) 91 385 943 850
2	Fund name
	Uni Sper
3	Postal address
	LEVEL 1, 385 BOURILE STREET
	Suburb/town/locality State/territory Postcode
	MELBOURNE VIIC 3000
	Country if other than Australia
4	(a) Unique superannuation identifier (USI) 9138594385001
	(b) Member client identifier 14377 \$55

Se	ction B: Member's details
5	Tax file number (TFN) 320 313 818
6	Full name
	Title: Mr Mrs Miss Ms Other
	Family name
	Eirst given names Other given names
	First given name Other given names EILEEN
7	Residential address
	2130 KINGLAKE ROAD
	Suburb/town/locality State/territory Postcode
	ST ANDREWS VIC 3761
	Country if other than Australia
8	Date of birth Day / Day / Pear
9	Sex Male Female X
10	Daytime phone number (include area code)
	0397101484
11	Email address (if applicable)
	lancewineservices e'il net-au
<u> </u>	ection C: Rollover transaction details
SE	
	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 Month Year
13	Tax components
	Tax-free component \$, 183,345.16
	KiwiSaver tax-free component \$,,
	Taxable component: Element taxed in the fund \$ \[\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	Element untaxed in the fund \$,,
	Tax components TOTAL \$, 610,540.00
	A La comparation of the proportion of the tax comparate if you are not rolling over the member's full interest in

Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest ir your superannuation fund.

14	Preservation amounts	
	Preserved amount	\$,
	KiwiSaver preserved amount	\$,·
	Restricted non-preserved amount	\$
	Unrestricted non-preserved amount	\$ 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		Preservation amounts TOTAL \$ 6 1 0 54 0 0
	If the rollover payment contains a superannuation fund (SMSF) und	a KiwiSaver preserved amount, you can't make the rollover payment to a self-managed der the preservation rules.
Se	ection D: Non-comply	ing funds
0	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
		\$,,
Se	ection E: Transferring	fund
	Fund ABN 12 448	267 915
17	Fund name	
	LANCE SUPERANNI	DATION FUND
18	Contact name	
	Title: Mr Mrs Miss Ms	Other
	Family name	
	LAWCE First given name	Other given names
	DAVID	Other giver mariles
)		
19	Daytime phone number (include 0397101484	e area code)
20	Email address (if applicable)	
	lamelineservice	esplinet aus

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	
Juit a Lance	Date Day

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
- m 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.

- m comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- muse 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.



Dec 19 4070.07

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:

- w 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.

- m 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.

Se	ection 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 Country if other than Australia State/territory Postcode VIC
4	(a) Unique superannuation identifier (USI) 91385943850001
	(b) Member client identifier 14377 857

Sec	ction B: Member's details
	Tax file number (TFN) 3 1 9 730 093
6 I	Full name
	itle: Mr X Mrs Miss Ms Other
F [Eamily name
[F	First given name Other given names
	DAVID
7 I	Residential address
	2130 KINGLAKE ROAD
(Suburb/town/locality State/territory Postcode
	STANDREUS VIIC 376
[Country if other than Australia
ı	
8	Date of birth 77/05/1944
9	Sex Male X Female
10	Daytime phone number (include area code)
	0397101484
11	Email address (if applicable)
	lancewine services e linet au
ı	
Se	ction 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 js/s / o/s / js/s
13	Tax components
	Tax-free component \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	KiwiSaver tax-free component \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
0	Taxable component:
	Element taxed in the fund \$,435,6711.38
	Element untaxed in the fund \$
	Tax components TOTAL \$
	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	\$
	KiwiSaver preserved amount	\$,
	Restricted non-preserved amount	\$,
	Unrestricted non-preserved amount	\$
		Preservation amounts TOTAL \$,635,460.00
	If the rollover payment contains a superannuation fund (SMSF) und	a KiwiSaver preserved amount , you can't make the rollover payment to a self-managed der the preservation rules.
 Se	ection D: Non-comply	ing funds
	Only complete this section if you are a	a trustee of a non-complying fund.
5	Contributions made to a non-	complying fund on or after 10 May 2006
		\$,
36	ection E: Transferring	fund
6	Fund ABN / 2 448	287 915
7	Fund name	
	LANCE SUPERANN	VATION FUND
8	Contact name	
	Title: Mr Mrs Miss Ms Ms	Other
	Family name LANCE	
	First given name	Other given names
	DAVID	
9	Daytime phone number (include	area code)
	0397101484	
0	Email address (if applicable)	

Section F: Declaration Complete the declaration that appli Before you sign the declaration giving false or misleading inform

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	LETTER	RS)
------	--------	--------	-----

DAVID LANCE	
Trustee, director or authorised officer signature	7
Dans G Lance	Date Day Month Year Year

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.

- 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
State DIAMOND CREEK VIC	
Pay UNISUPER LIMITED	or bearer \$ 610,540 = 00
The sum of Lie hundred and ten the	ollars and
CE LANCE AND D G LANCE ITF THE LANCE SUPERANNIJATION FLIND	& Lance

#000154# 063#594# 1012#0620#

Commonwealth Bank Commonwealth Bank of Australia	Date 17 12 2019
DIAMOND CREEK VIC	- 11: 1- 1
The sum of Lix hundred and thinky.	or bearer \$ 635, 460.00
CELANCE AND DIGLANCE IT dollars, no can	a sixty
THE LANCE SUPERANNUATION FUND	· l Larce



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.

- 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.

Se	ection 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 State/territory Pr	ostcode			
	MELBOURNE	3000			
	Country if other than Australia				
4	(a) Unique superannuation identifier (USI) 91385943850001				
	(b) Member client identifier 14377 855				

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 STANDREWS Country if other than Australia			
8	Date of birth Day / Day / Pear / Sear / Day / Da			
9	Sex Male Female X			
10	Daytime phone number (include area code)			
11	Email address (if applicable) lancewine servicese linet. au			
S	ection 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 Service			
13	Tax components Tax-free component \$\(\) \\ KiwiSaver tax-free component \$\(\) \\			
	Taxable component: Element taxed in the fund \$, 146,237.30 Element untaxed in the fund \$, 146,237.30 Tax components TOTAL \$, 209,00.00			
	to the text components if you are not rolling over the member's full interest in			

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.

1-1	i reservation amounts	
	Preserved amount	\$
	KiwiSaver preserved amount	\$,
	Restricted non-preserved amount	\$,
	Unrestricted non-preserved amount	\$,209,000.00
		Preservation amounts TOTAL \$ 209 0000
	If the rollover payment contains a superannuation fund (SMSF) und	a KiwiSaver preserved amount, you can't make the rollover payment to a self-managed der the preservation rules.
Se	ection D: Non-comply	ing funds
0	Only complete this section if you are a	
15	Contributions made to a non-c	complying fund on or after 10 May 2006
		, — — , <u>— — — — — — — — — — — — — — — —</u>
<u> </u>	action E: Transforring	fund
06	ection E: Transferring	iuna
16	Fund ABN 12 448	287 915
17	Fund name	
	LANCE SUPERANN	VATION FUND
18	Contact name	
	Title: Mr Mrs Miss Ms Ms	Other
	Family name	
	First given name	Other since
	DAVID	Other given names
19	Daytime phone number (include a	Drog and al
	0397101484	
20	Email address (if applicable)	
	lancewine service	ese linet. au

ection 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 impogiving false or misleading information.		
Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the supshown in section E.	perannuation fund or other provider	
I declare that the information contained in the statement is true and correct.		
Name (BLOCK LETTERS)		
DAVID LANCE		
Trustee, director or authorised officer signature	1	
Davil a 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 section E.	n fund or other provider shown in	
I declare that: I have prepared the statement with the information supplied by the superannuation provider that the information provider that the information provider that the information statement is true and correct I am authorised by the superannuation provider to give the information in the statement.	ion provided to me for the preparation of	
Name (BLOCK LETTERS)		
Name (BLOOK ELTIENS)		
Authorised representative signature		
	Date	

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.

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

- m comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- m use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- makeep a copy of the member statement in your records for five years.



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:

- wyou 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
- w 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.

- 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 State (family and part of the state			
	MELBOURE State/territory Postcode			
	Country if other than Australia			
4	(a) Unique superannuation identifier (USI) 91385943850001			
	(b) Member client identifier 14377857			

56	ection B: Iviember's details
5	Tax file number (TFN) 319 730 093
6	Full name
	Title: Mr Mrs Miss Ms Other
	Family name
	LANCE
	First given name Other given names GEORGE
7	Residential address
	2130 KINGLAKE ROAD
	CIBS KINCHARC ROID
	Suburb/town/locality State/territory Postcode
	STANDREWS VILC 3761
	Country if other than Australia
8	Date of birth Day / Day / Day / Pear
9	Sex Male Female
10	Daytime phone number (include area code)
	0397101484
11	Email address (if applicable)
	lancewine services e linet, au
	ection C: Rollover transaction details
SE	·
	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 Month Year
13	Tax components
	Tax-free component \$,68,539.20
	KiwiSaver tax-free component \$
	Taxable component:
	Element taxed in the fund \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Element untaxed in the fund \$
	Tax components TOTAL \$, @ \ , O O O
	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	\$ <u></u>	
	Restricted non-preserved amount	\$	
	Unrestricted non-preserved amount	\$	
		Preservation amounts TOTAL \$ 000.00	
	If the rollover payment contains a superannuation fund (SMSF) und	a KiwiSaver preserved amount, you can't make the rollover payment to a self-managed	
Se	ection D: Non-comply	ing funds	
-	Only complete this section if you are a	_	
15	Contributions made to a non-	complying fund on or after 10 May 2006	
		,,	
50	notion E: Transforring	fund	
	ection E: Transferring		
16	Fund ABN 12 448		
17	Fund name		
	LANCE SUPERAM	JUATION FUND	
18	Contact name		
	Title: Mr Mrs Miss Ms Other		
	Family name LANCE		
	First given name	Other given names	
•	DAUID		
19	Daytime phone number (include	area code)	
	0397101484		
20	Email address (if applicable)		
	lancevineseni	cese linet. 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 L	ETTERS)
---------------	---------

DAVID LANCE	
Trustee, director or authorised officer signature	
Sail Glance	Date Day Month Year 2 2 / 0 1 / 2 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 Mont	h 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.

- mecomply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- muse this form only to provide a statement to the member in section B within 30 days of paying the rollover
- m 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	SERVER RESERVE REPRESENTATION CONTRACTOR (ARE EXCENSED ASSOCIATED BY ASSOCIATION SALES
Pay UNISUPER LIMITED The sum of Zwo hundred and fei Cloure and dollars.	or bearer \$ 218,000
C E LANCE AND D G LANCE ITF THE LANCE SUPERANNUATION FUND Latter	ne & Lane

	Commonwealth Bank Commonwealth Bank Date 23 1 2020
contains special security features irmochromic ink and micro printing.	Pay UNISUFER LIMITED or bearer \$ 209,000. The sum of Zwo Lundred and prine thousand dollars
This chaque ncluding The	C E LANCE AND D G LANCE ITF THE LANCE SUPERANNUATION FUND Calling & Lance



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
- we 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.

- 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 Un'Super 3 Postal address LEVEL 1, 785 FORKE STREET Suburb/town/locality MELBORNE Country if other than Australia		
2 Fund name Un'i Super 3 Postal address LEVEL 1, 385 BOURKE STREET Suburb/town/locality MELBOURNE Country if other than Australia	•	Section A: Receiving fund
3 Postal address LEVEL 1, 385 BOURKE STREET Suburb/town/locality MELBOURNE Country if other than Australia	5 943 850	1 Australian business number (ABN)
Suburb/town/locality State/territory MELBORNE Country if other than Australia		2 Fund name
Suburb/town/locality State/territory MELBORNE Country if other than Australia		Unisuper
Suburb/town/locality State/territory MELBORNE Country if other than Australia		
Suburb/town/locality MEUBOURNE Country if other than Australia		3 Postal address
Country if other than Australia	ET'	LEVEL 1, 385 BOURKE
Country if other than Australia	State/territory Postcode	Suburb/town/locality
		HELBOURNE
4 (a) Unique superannuation identifier (USI) 9138594385001		Country if other than Australia
4 (a) Unique superannuation identifier (USI) 9138594385001		
	385943850001	4 (a) Unique superannuation identifier (USI)
(b) Member client identifier 14377857		(b) Member client identifier 1437765

SE	ection B. Wember's details
5	Tax file number (TFN) 319 730 093
6	Full name
	Title: Mr Mrs Miss Ms Other
	Family name
	LANCE
	First given name Other given names GEO 2GE
7	Residential address
•	2130 KINGLAKE ROAD
	ON KINGLARE RUAD
	Suburb/town/locality State/territory Postcode
	STANDREWS MIC 3761
	Country if other than Australia
8	Date of birth Day / Day
9	Sex Male Female
10	Daytime phone number (include area code)
	0397101484
11	Email address (if applicable)
	lancewine services e linet. au
Sc	ection 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 Month Year
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 \$,,
	Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in

14	Preservation amounts	
	Preserved amount	\$,
	KiwiSaver preserved amount	\$,
	Restricted non-preserved amount	\$
	Unrestricted non-preserved amount	\$
		Preservation amounts TOTAL \$ 241 669 12
	If the rollover payment contains a superannuation fund (SMSF) und	a KiwiSaver preserved amount, you can't make the rollover payment to a self-managed
Se	ection D: Non-comply	ing funds
0	Only complete this section if you are a	a trustee of a non-complying fund.
15	Contributions made to a non-o	complying fund on or after 10 May 2006 \$,,
Se	ection E: Transferring	fund
16	Fund ABN 12 448	267 915
17	Fund name	
	LANCE SUPERANN	UATION FUND
18	Contact name	
	Title: Mr Mrs Miss Ms Ms	Other
	Family name	
	First given name	Other given names
)	DAVID	
19	Daytime phone number (include	area code)
20	Email address (if applicable)	
	lancewinesenia	espilation

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 mil a Lame Date 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

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.

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

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

m comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)

Date

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



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
- w 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.

- 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.

S	ection A: Receiving fund
1	Australian business number (ABN) 91 385 943 850
2	Fund name
	DhiSper
3	Postal address
	LEVEL 1, 385 BOURKE STREET
	Suburb/town/locality State/territory Postcode VIC 3000
	Country if other than Australia
4	(a) Unique superannuation identifier (USI) 91385943850001
	(b) Member client identifier 14377855

>E	ection 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 Other given names EILEEN
7	Residential address
	Suburb/town/locality State/territory State/territory Fostcode TANDREWS VIC 3761
	Country if other than Australia
3	Date of birth Day / Month / 1943
9	Sex Male Female X
10	Daytime phone number (include area code)
11	Email address (if applicable)
	lancewine geruices e'ilnet · au
Se	ection 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 Month Year
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 \$, Q 3 9 , I D I · 9 5
	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	\$ 0,239,101.95
		Preservation amounts TOTAL \$, 239, 101.95
	If the rollover payment contains a superannuation fund (SMSF) und	a KiwiSaver preserved amount , you can't make the rollover payment to a self-managed der the preservation rules.
Se	ection D: Non-comply	ing funds
0	Only complete this section if you are a	a trustee of a non-complying fund.
15	Contributions made to a non-	complying fund on or after 10 May 2006
A		
Se	ection E: Transferring	fund
16	Fund ABN 12 448	287 915
17	Fund name	
	LANCE SUPERANN	DATION FUND
18	Contact name	
	Title: Mr Mrs Miss Ms	Other
	Family name	
	LAXCE First given name	Othor sings
,	DAVID	Other given names
19	Daytime phone number (include	area codel
,10	0397101484	
20	Email address (if applicable)	
	lance wire service	respirations.

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	(BI	OCK	IFT	TERS)
IACILIC		\circ		

DAVID LANCE	
Trustee, director or authorised officer signature	_
fait G Lance	Date Day Month Year Year

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)			
		2	
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
- m keep a copy in your records for five years.

- m comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- was this form only to provide a statement to the member in section B within 30 days of paying the rollover
- m keep a copy of the member statement in your records for five years.

	mmonwealth	Bank		Date 11 May 20	20
DIA	MOND CREEK VIC				
e Pay	UNI SUPER	LIM, VE	Ŋ.	or bearer \$ 247,669	12
	sum of Iwo hus	de ed and	a forty ser	ven thousand,	
ermochra			ne states	une dollars	
F CE	E LANCE AND D G LAN E LANCE SUPERANNU	IATION FLIND	batherine -	6 1	
				⊒ ∩ u•	
		063.594	1015.08	EU"	
	""UUU # 2 Y""	063m594i	II YUYZIIUB	EU"	
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