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) 50 438 197 278

2 Fund name

PRUGA SUPERANNUATION FUND

3 Postal address

26 Woodgrove Ave

Suburb/town/locality: Harrington Park

State/territory: NSW

Postcode: 2567

Country if other than Australia:

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier 003 - VICTOR BRAGA

Section B: **Member's details**

5 Tax file number (TFN) 164 724 906

6 Full name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

BRAGA

First given name

VICTOR

Other given names

7 Residential address

26 Forestgrove Drive

Suburb/town/locality

HARRINGTON PARK

State/territory

NSW

Postcode

2567

Country if other than Australia

8 Date of birth Day Month Year 04 / 08 / 1969

9 Sex Male ☒ Female ☐

10 Daytime phone number (include area code)

0401690550

11 Email address (if applicable)

victor@inscopebt.com.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 Month Year 01 / 07 / 2007

13 Tax components

Tax-free component $

KiwiSaver tax-free component $

Taxable component:

Element taxed in the fund $ 438,253.35

Element untaxed in the fund $

Tax components TOTAL $ 438,253.35

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	$ 438,253.35
KiwiSaver preserved amount	$
Restricted non-preserved amount	$
Unrestricted non-preserved amount	$
Preservation amounts TOTAL	$ 438,253.35

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

$

Section E: **Transferring fund**

16 Fund ABN 46 082 768 855

17 Fund name

BRAGS SUPERANNUATION FUND

18 Contact name

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

Family name

SERGIO

First given name

BRAGA

Other given names

19 Daytime phone number (include area code)

0401690555

20 Email address (if applicable)

sfbinvestment@gmail.com

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)

VICTOR BRAGA

Trustee, director or authorised officer signature

Date

Day / Month / Year

03 / 02 / 2021

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.