

Rollover benefits statement

Section A: Receiving fund

| | | |
|---|--|------------------|
| 1 | Australian business number (ABN) | 57 956 538 904 |
| 2 | Fund Name | Svara |
| 3 | Postal address | 48 STEEL TRAP DR |
| | Suburb/town/locality | BUNGARRIBEE |
| | State/territory | NSW |
| | Postcode | 2767 |
| | Country if other than Australia | |
| 4 | (a) Unique Superannuation Identifier (USI) | |
| | (b) Member Client Identifier | 01 |

Section B: Member's details

| | | |
|----|--|--|
| 5 | Tax file number (TFN) | 841 613 507 |
| 6 | Full name | |
| | Title | Mr |
| | Family name | Taragambadi |
| | First given name | Ravi |
| | Other given names | Kiran |
| 7 | Residential address | 48 Steel Trap Dr |
| | Suburb/town/locality | BUNGARRIBEE |
| | State/territory | NSW |
| | Postcode | 2767 |
| | Country if other than Australia | |
| 8 | Date of birth | 16 / 12 / 1972 |
| 9 | Sex | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| 10 | Daytime phone number (include area code) | |
| 11 | Email address (if applicable) | ravi15kiran@yahoo.com |

Section C: Rollover transaction details

| | | |
|----|-----------------------------------|----------------------------------|
| 12 | Service period start date | Day/Month/Year 14 / 09 / 2006 |
| 13 | Tax components: | |
| | Tax-free component | \$ 0.00 |
| | KiwiSaver tax-free component | \$ 0.00 |
| | Taxable component: | |
| | Element taxed in the fund | \$ 50,000.00 |
| | Element untaxed in the fund | \$ 0.00 |
| | TOTAL Tax components | \$ 50,000.00 |
| 14 | Preservation amounts: | |
| | Preserved amount | \$ 50,000.00 |
| | KiwiSaver preserved amount | \$ 0.00 |
| | Restricted non-preserved amount | \$ 0.00 |
| | Unrestricted non-preserved amount | \$ 0.00 |
| | TOTAL Preservation Amounts | \$ 50,000.00 |

Section D: Non-complying funds

| | | |
|----|--|---------|
| 15 | Contributions made to a non-complying fund on or after 10 May 2006 | \$ 0.00 |
|----|--|---------|

Section E: Transferring fund

| | | |
|----|--|---------------------------------------|
| 16 | Fund's ABN | 62 653 671 394 |
| 17 | Fund's name | Retail Employees Superannuation Trust |
| 18 | Contact name | Mark Aarons |
| 19 | Daytime phone number (include area Code) | 1300 300 778 |
| 20 | Email address (if applicable) | |

Section F: Declaration

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

JOE NEKIC

Authorised representative signature

JOE NEKIC

Day / Month / Year

Date

01 / 11 / 2018