

Super Fund
2021-2022

Q11May2021

Customer's Record of Bank Cheque
Please detach this portion before forwarding cheque to payee

690467

Branch Number 3978
Branch Stamp



DATE : 20 August 2021
PAYEE : HOSTPLUS - LEIGH NICOLE HART
AMOUNT : \$30000.00

Commonwealth Bank
Commonwealth Bank of Australia
ABN 48 123 123 124
357 COLLINS ST, MELBOURNE VIC

Bank Cheque

690467
20 August 2021

PAY HOSTPLUS - LEIGH NICOLE HART***** OR BEARER

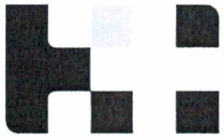
THE SUM OF THIRTYTHOUSANDDOLLARSONLY***** \$ *30000.00

For Commonwealth Bank of Australia

Not
Negotiable

For SECURITY FEATURES see reverse of cheque

⑈690467⑈ 063⑈978⑈ 1008⑈5219⑈



HOSTPLUS

Office use only

Rolling part of your account balance into Hostplus.

Completing this form

- Read A guide to transferring your entire account balance into Hostplus
- Refer to instructions where indicated with a **i**
- Complete all fields marked with an asterisk (*).

After completing this form

- Sign the authorisation
- Send form to: Hostplus, Locked Bag 5046, Parramatta, NSW 2124

1 Personal details.

Title Mr Mrs Ms Dr Other Please specify Gender* Male Female

Given name* **LEIGH** Middle initials/* **N**

Surname* **HART**

Other/previous names

My Tax File Number is:* **152148268** Phone number **0438835737** Date of birth* **28 04 1968**

i See 'What happens if I do not quote my Tax File Number?' Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

2 Residential details.

Street address* **PO BOX 458**

Suburb **MENTONE** State **VIC** P/C **3194**

i If you know that the address held by your **from** fund is different to your current residential address, please give details below.

Previous address

Suburb

State

P/C

3 Fund details.

Where are you rolling from?

Fund name*

AR + LN HART SUPERANNUATION FUND

Member or account number

Fund ABN

99398113353

Fund telephone number*

0400990463

Unique Superannuation Identifier (USI)*

i If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

Where are you rolling to?

Fund name

H O S T P L U S S U P E R A N N U A T I O N F U N D

Member or account number*

830433141

Fund ABN

68657495890

Fund telephone number

1300467875

Unique Superannuation Identifier (USI)

H O S O 1 0 0 A U

How much are you rolling over?

\$ 30,000.00

4 Authorisation.

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information
- I consent to my tax file number being disclosed for the purposes of consolidating my account
- I discharge the superannuation provider of my **from** fund of all further liability in respect of the benefits paid and transferred to Hostplus

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name* (Print in BLOCK letters)

LEIGH HART

Signature of applicant*



Date*

15 08 2021



Faxed, scanned or photocopied forms cannot be processed. However, you may use photocopies of a blank form. You must complete a separate transfer form for every fund and every account within that fund that you are transferring from.

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.



When you have completed this form please send it to: Hostplus, Locked Bag 5046, Parramatta, NSW 2124

To the trustee of the old fund.

Statement of Compliance – Superannuation Industry (Supervision) Act 1993
The trustee of the Hostplus superannuation fund, Host-Plus Pty Limited, certifies that:

- the fund is a Resident Superannuation Fund under the above act, and that
- we have no reason to believe that the fund will not comply with the above Act and Regulations, and that
- the fund is not subject to a direction from the Australian Prudential Regulation Authority which prohibits the trustee from accepting employer contributions.

Payment instructions.

Please make the cheque payable to: 'Hostplus' – followed by your name.

Send the cheque and transfer payment details and any surcharge information to: Hostplus, Locked Bag 5046, Parramatta, NSW 2124.



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)

2 Fund name

3 Postal address

Suburb/town/locality

State/territory VIC

Postcode

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

7 Residential address

Suburb/town/locality

State/territory VIC

Postcode

Country if other than Australia

8 Date of birth Day / Month / Year

9 Sex Male Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

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

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.

14 Preservation amounts

Preserved amount \$, 30 , 000 . 00

KiwiSaver preserved amount \$, , .

Restricted non-preserved amount \$, , .

Unrestricted non-preserved amount \$, , .

Preservation amounts TOTAL \$, 30 , 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

\$, , .

Section E: Transferring fund

16 Fund ABN 99 398 113 353

17 Fund name

18 Contact name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

19 Daytime phone number (include area code)

04 00 99 04 63

20 Email address (if applicable)

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)

ANTHONY HART

Trustee, director or authorised officer signature



Date

Day: 15 / Month: 08 / Year: 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.