

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

Marning Superfund
59 Comrie Street
WANNIASSA ACT 2903
AUSTRALIA

Payee ABN 18 743 963 489

Unique Superannuation Identifier (USI)

Member Client Identifier 00001

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Marning		
Title					
First given name	Graham				
Other given names	Patrick				
Address	59 Comrie Street				
	WANNIASSA ACT 2903				
	AUSTRALIA				
	Email gmarning@hotmail.com			Ph 0487 033 066	
Date of Birth	03/04/1965	Sex	M	Tax File Number (if required or permitted by)	140-509-263
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll-over fund.					
	Ph				

Section 3 - Roll-over payment details

Eligible Service Period

Components		Date started	22/02/2022
Tax-free component	\$130,481.00	Preservation amounts of the Roll-over payment	
KiwiSaver tax-free component	\$0.00	Preserved amount	\$399,604.92
Taxable component		KiwiSaver preserved amount	\$0.00
Element taxed in the fund	\$269,228.92	Restricted Non-Preserved	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted Non-Preserved	\$105.00

Tax components TOTAL \$399,709.92

Preservation amounts TOTAL \$399,709.92

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

Contributions made to a non-complying fund on or after 10 May 2006

\$0.00

Section 5 - Transferring fund details

Payer ABN 18 743 963 489

Payer's Name	Marning Superfund		
Contact Name	Mr Graham Patrick Marning	Email gmarning@hotmail.com	Ph

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

I declare that the information contained in this statement is true and correct.

Name

Mr Graham Patrick Marning

Trustee, director or officer signature

Date: / / 20

OR

AUTHORISED REPRESENTATIVE DECLARATION

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 information in the statement to the ATO

Name

Mr Graham Patrick Marning

Authorised representative signature

Date: / / 20

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

Where to send this form

If the rollover standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover 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 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiving fund details

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Section 5 - Transferring fund details

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Payer's Name	Marning Superfund		
Contact Name	Mr Graham Patrick Marning	Email gmarning@hotmail.com	Ph

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Rollover Benefit Statement

Triplicate - Keep for your fund records

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