

# Rollover benefits statement

## Section A: Receiving fund

1 **Australian business number (ABN)**

2 **Fund name**

3 **Postal address**  
  
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

4 (a) **Unique Superannuation Identifier (USI)**   
(b) **Member Client Identifier**

## Section B: Member details

5 **Tax file number (TFN)**

6 **Full name**  
Title   
Family name   
First given name  Other given names

7 **Residential address**  
Street address   
  
Suburb/town/locality  State/territory  Postcode   
Country if outside 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

12	<b>Service period start date</b>	Day/Month/Year 01/07/1988
13	<b>Tax components:</b>	
	Tax-free component	\$ 3,052.65
	KiwiSaver tax-free component	\$ 0.00
	<b>Taxable component:</b>	
	Element taxed in the fund	\$ 247,164.81
	Element untaxed in the fund	\$ 0.00
	<b>TOTAL Tax components</b>	<b>\$ 250,217.46</b>
14	<b>Preservation amounts:</b>	
	Preserved amount	\$ 250,217.46
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 0.00
	<b>TOTAL Preservation amounts</b>	<b>\$ 250,217.46</b>

## 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** 65 | 714 | 394 | 898

17 **Fund's name**  
AustralianSuper

18 **Contact name**  
AustralianSuper Contact Centre

19 **Daytime phone number** (include area Code) 1300 300 273

20 **Email address** (if applicable)  
australiansuper.com/email

## 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

**Date** Day / Month / Year  
29/06/2021