

# 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

Australian Super  
GPO BOX 1901  
Melbourne 3001 VIC  
Australia

Payee ABN 65 714 394 898

Unique Superannuation Identifier (USI) STA0002AU

Member Client Identifier 1074074201

## Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Pitt
Title			
First given name	Mark		
Other given names			
Address	62 Tulloh Street		
	WILLOUGHBY NSW 2068		
	Email	Ph	
Date of Birth	29/12/1953	Sex (M/F)	M
		Tax File Number (if required or permitted by)	565-714-782
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	30/12/1996
Tax-free component	\$237,351.35	Preservation amounts of the Roll-over payment	
KiwiSaver tax-free component	\$0.00	Preserved amount	\$0.00
Taxable component		KiwiSaver preserved amount	\$0.00
Element taxed in the fund	\$142,648.65	Restricted Non-Preserved	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted Non-Preserved	\$380,000.00

Tax components TOTAL \$380,000.00

Preservation amounts TOTAL \$380,000.00

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 12 893 200 379

Payer's Name	The Pitz Super Fund		
Contact Name	Mr Mark Pitt	Email	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 Mark Pitt

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 Mark Pitt

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

Australian Super  
GPO BOX 1901  
Melbourne 3001 VIC  
Australia

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

Payee ABN 65 714 394 898  
Unique Superannuation Identifier (USI) STA0002AU  
Member Client Identifier 1074074201

## Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Pitt		
Title					
First given name	Mark				
Other given names					
Address	62 Tulloh Street				
	WILLOUGHBY NSW 2068				
	Email	Ph			
Date of Birth	29/12/1953	Sex (M/F)	M	Tax File Number (if required or permitted by)	565-714-782
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

<b>Components</b>		<b>Eligible Service Period</b>	
Tax-free component	\$237,351.35	Date started	30/12/1996
KiwiSaver tax-free component	\$0.00	<b>Preservation amounts of the Roll-over payment</b>	
<b>Taxable component</b>		Preserved amount	\$0.00
Element taxed in the fund	\$142,648.65	KiwiSaver preserved amount	\$0.00
Element untaxed in the fund	\$0.00	Restricted Non-Preserved	\$0.00
		Unrestricted Non-Preserved	\$380,000.00

Tax components TOTAL \$380,000.00 Preservation amounts TOTAL \$380,000.00

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	12 893 200 379
Payer's Name	The Pitz Super Fund		
Contact Name	Mr Mark Pitt	Email	Ph

# Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

## Section 6 - Declaration

### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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Trustee, director or officer signature

Date:        /        / 20

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Name

Mr Mark Pitt

Authorised representative signature

Date:        /        / 20

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- 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

Triplicate - Keep for your fund records

## Section 1 - Receiving fund details

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Melbourne 3001 VIC  
Australia

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## Section 3 - Roll-over payment details

### Eligible Service Period

Components		Date started	30/12/1996
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Tax components TOTAL \$380,000.00

Preservation amounts TOTAL \$380,000.00

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 12 893 200 379

Payer's Name	The Pitz Super Fund		
Contact Name	Mr Mark Pitt	Email	Ph

# Rollover Benefit Statement

Triplicate - Keep for your fund records

## Section 6 - Declaration

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Name

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Date:        /        / 20

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