

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of 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) STA0100AU
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

Components		Eligible Service Period	
Tax-free component	\$237,351.35	Date started	30/12/1996
KiwiSaver tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
Taxable component		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's Name	The Pitz Super Fund	Payer ABN	12 893 200 379
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

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Melbourne 3001 VIC
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Payee ABN 65 714 394 898
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Member Client Identifier 1074074201

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Pitt		
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Other given names					
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	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.					
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Section 3 - Roll-over payment details

Components		Eligible Service Period	
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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's Name	The Pitz Super Fund	Payer ABN	12 893 200 379
Contact Name	Mr Mark Pitt	Email	Ph

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration

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Name

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Trustee, director or officer signature

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Name

Mr Mark Pitt

Authorised representative signature

Date: / / 20

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

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Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 1 - Receiving fund details

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Melbourne 3001 VIC
Australia

Payee ABN 65 714 394 898

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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.			
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Section 3 - Roll-over payment details

Eligible Service Period

Components		Date started	30/12/1996
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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

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Triplicate - Keep for your fund records

Section 6 - Declaration

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