

## 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**).

1 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.

S	ection A: <b>Receiving f</b>	und					
1	Australian business number	(ABN) 6 4	971	7 4 9	3 2 1		
2	Fund name						
	Hesta Super Fund						
3	Postal address						
	Locked Bag 5136						
	Suburb/town/locality					State/territory	Postcode
	Parramatta					nsw	2 1 2 4
	Country if other than Australia			_			
4	(a) Unique superannuation id	lentifier (USI)	HST	010	OAU		
	(b) Member client identifier	14290249					

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Se	ection B: <b>Member's details</b>
5	Tax file number (TFN)         6         7         2         9         5         2         7         5         0
6	Full name
	Title: Mr X Mrs Miss Ms Other
	Family name
	FIFE
	First given name Other given names
	Douglas
7	Residential address
	c/- P O Box 137
	Suburb/town/locality State/territory Postcode
	North Hobart 7002
	Country if other than Australia
3	Date of birth $1 1 1 / 0 6 / 1 9 6 2$
9	Sex Male X Female
10	Daytime phone number (include area code)
	0 4 7 2 4 0 2 6 3 1 1 1
11	Email address (if applicable)
	dmfife@utas.edu.au
Se	ection 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    3   1   0   8     2   0   0   6
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 \$ 224 573 73

① 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	\$		J <b>,</b> [2]	2 3	],[7	0 6	2	9						
	KiwiSaver preserved amount	\$						• [							
	Restricted non-preserved amount	\$		],		, ],[		-							
	Unrestricted non-preserved amount	\$				<u></u>	6 7	4	4						
				Pres	ervati	on ar	nount	s TOTA	AL \$			2 2	4	5 7	3 • 7 3
	If the rollover payment contains a superannuation fund (SMSF) und						<b>nt</b> , you	u can't	make	the ro	ollover	payme	ent to	a self-ı	managed
Se	ection D: <b>Non-comply</b>	'in	g fur	nds											
0	Only complete this section if you are	a tru	istee of a	a non-c	comply	/ing fo	und.								
15	Contributions made to a non-	con \$	nplying	fund 	on o	r afto	<b>er 10</b>	May 2	2006						
Se	ection E: <b>Transferring</b>	fu	ınd												
16	Fund ABN 8 0 9 5 1	3	3 4 3	1	6 0										
17	Fund name														
	Kelly Fife Super Fund														
18	Contact name														
	Title: Mr Mrs Miss Ms X Other														
	Family name														
	Kelly														
	First given name						en nam	ies							
	Josephine				IV	lary									
19	Daytime phone number (include	e are	ea code)												
	04														
20	Email address (if applicable)														
	jo.kelly@gmail.com														

# 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.

Josephine Kelly	
Trustee, director or authorised officer signature	
	Date  Day Month Year  1 8 / 0 6 / 2 0 2 1
OR	
<b>Authorised representative declaration</b> Complete this declaration if you are an authorised representative of the superal section E.	nnuation fund or other provider shown in
<ul> <li>I declare that:</li> <li>I have prepared the statement with the information supplied by the superann</li> <li>I have received a declaration made by the superannuation provider that the inthis statement is true and correct</li> <li>I am authorised by the superannuation provider to give the information in the</li> </ul>	nformation provided to me for the preparation of
Name (BLOCK LETTERS)	stationism to the ATO.
Authorised representative signature	
	Date

## Where to send this form



Do not send this form to the ATO.

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

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.