



7 March 2021



Mrs Merrilyn Hosking
5 Eppalock Grove
SOUTH LAKE WA 6164

Your contacts

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T 131 267 F 1300 301 267
AMP Limited
PO Box 300 PARRAMATTA NSW 2124

Your details

ACCOUNT NAME
Merrilyn Hosking
ACCOUNT NUMBER
967825225
MONTH AND YEAR OF BIRTH
March 1963
TAX FILE NUMBER (TFN)
Supplied

Rollover from AMP Flexible Super® – Super

Withdrawal number: 244547436

The following information relates to a payment from AMP Flexible Super – Super account 967825225 in the name of Merrilyn Hosking.

Payee name	Payment details	Amount \$
Our Five Sons Smsf	EFT ***** - ****42173	47,375.00

Enclosed documents

We have enclosed a **Rollover Benefit Statement** for your records.

We're here to help

If you have any questions, please contact us.

Yours sincerely,

Steve Vaid
Director Client Services

Your trustee and super fund

You may recall that on the 15th of May 2020, your account moved to the Super Directions Fund (the move). This statement includes your membership in the AMP Retirement Trust up until the move and from the move to the end of the period in the Super Directions Fund.

To review the balance of your account at the move date please refer to your transaction confirmation, this is available by logging into My AMP at amp.com.au or by calling us on 131 267.

AMP Superannuation Limited ABN 31 008 414 104, AFSL No. 233060 was the Trustee of your fund AMP Retirement Trust, ABN 73 310 248 809 up to 15 May 2020.

Then on 15 May 2020 N. M. Superannuation Proprietary Ltd (N.M. Super), ABN 31 008 428 322, AFSL No. 234654 commenced as Trustee of this product in a new fund (Super Directions Fund, ABN 78 421 957 449).

Care has been taken so that information in this document is correct, however, the trustee does not accept liability for any error or misprint. Any investment is subject to investment risk, including possible repayment delays and loss of income and principal invested. Returns can go up and down. Past performance is not indicative of future performance. You should contact us for your latest account balance.

What you need to know

This document does not take into account your financial situation, objectives and needs. Before you make any investment decision, it is important that you consider these matters and read the **Product Disclosure Statement (PDS)**.

Any advice in this document is provided by N.M. Superannuation Proprietary Limited, ABN 31 008 428 322, AFSL No. 234654 which is the trustee of the Super Directions Fund, ABN 78 421 957 449.



Rollover Benefit Statement

The original of this form has been sent to your rollover institution. Please keep this copy for your records.

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

15563843431

Name:

Our Five Sons Smsf

Address:

Ref No : M Hosking
Unit 2 278 Beaufort St
Perth WA 6000

Unique Superannuation Identifier (USI)

or

Member client identifier:

M HOSKING

SECTION B: MEMBER DETAILS

Tax file number:

Title:

Mrs

Family name:

Hosking

Given name:

Merrilyn

Other given names:

Postal address:

5 Eppalock Grove
SOUTH LAKE WA 6164

Date of birth:

20/03/1963

Sex:

F

☒

M

☐

Daytime phone number (include area code):

Email address (if applicable):

SECTION C: ROLLOVER TRANSACTION DETAILS

1. Service period start date

05/10/1987

2. Tax components

- Tax - free component

0.00

- KiwiSaver Tax-free component

0.00

SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)

- Taxable component

- ☐ Element taxed in the fund, and

- ☐ Element untaxed in the fund

TOTAL Tax Components

3. Preservation amounts

- Preserved amount

- KiwiSaver preserved amount

- Restricted non-preserved amount

- Unrestricted non-preserved amount

TOTAL Preservation Amounts

SECTION D: NON-COMPLYING FUNDS

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

SECTION E: TRANSFERRING FUND

ABN:

Fund's name:

Contact name:

Email address (if applicable):

Daytime phone number (including area code):

SECTION F: 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 the information in the statement to the ATO.

Signature of authorised person:

Date: