



28 February 2021



To the Manager
The Trustee For Our Five Sons Smsf
Unit 2 278 Beaufort St
PERTH WA 6000

Your contacts

E CustomSuper@amp.com.au
W customsuper.amp.com.au
T 1300 653 456 F 02 8837 7856
AMP Corporate Superannuation
Locked Bag 5400 PARRAMATTA NSW 1741

Your details

ACCOUNT NAME
David John Hosking
ACCOUNT NUMBER
922561295
MONTH AND YEAR OF BIRTH
Not supplied

Rollover from CustomSuper®

Withdrawal number: 244031636

The following information relates to a payment from CustomSuper account 922561295 in the name of David John Hosking.

Member name	Payment details	Amount \$
David John Hosking	EFT ***** - ****42173	163,375.00

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,

Chris Jensen
Head of Client Services Workplace Super

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 Superannuation Savings 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 1300 653 456.

AMP Superannuation Limited ABN 31 008 414 104, AFSL No. 233060 was the Trustee of your fund AMP Superannuation Savings Trust, ABN 76 514 770 399 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 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

Original

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

15563843431

Name:

The Trustee For Our Five Sons Smsf

Address:

Unit 2 278 Beaufort St
Perth WA 6000

Unique Superannuation Identifier (USI)

or

Member client identifier:

D HOSKING

SECTION B: MEMBER DETAILS

Tax file number:

629980462

Title:

Mr

Family name:

Hosking

Given name:

David John

Other given names:

Postal address:

5 Eppalock Grove
SOUTH LAKE WA 6164

Date of birth:

28/03/1965

Sex:

F

☐

M

☒

Daytime phone number (include area code):

Email address (if applicable):

SECTION C: ROLLOVER TRANSACTION DETAILS

1. Service period start date

28/11/1985

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

163,375.00

- ☐ Element untaxed in the fund

0.00

TOTAL Tax Components

163,375.00

3. Preservation amounts

- Preserved amount

163,214.48

- KiwiSaver preserved amount

0.00

- Restricted non-preserved amount

0.00

- Unrestricted non-preserved amount

160.52

TOTAL Preservation Amounts

163,375.00

SECTION D: NON-COMPLYING FUNDSContributions made to a non-complying
fund on or after 10 May 2006**SECTION E: TRANSFERRING FUND**

ABN:

78 421 957 449

Fund's name:

Super Directions Fund

Contact name:

Chris Jensen

Email address (if applicable):

Daytime phone number (including area code):

1300 653 456

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:

Chris Jensen

Date:

28/02/2021