

ETP Rollover Statement: Industry Standard for Superannuation Payers

Section 1 - Roll-over fund name and address

THE MANAGER
D & J CROFTS SUPERANNUATION FUND
18 HAWKESBURY RTT
ATWELL WA 6164

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

Payee SFN:
Payee ABN: 48845047100
SPIN or member account number: CROFJL

Section 2 - Individual's Details

Individual's full name

6479994

Title
Surname or Family Name
First given name
Other given names
Address

Date of birth Sex (M/F) Tax File Number
(if required or permitted by law)

Name and address of authorised agent or adviser (if any)

This person must be authorised by the individual to receive the information about this roll-over from the roll-over fund.

Section 3 - Roll-over payment details

Eligible service period

Date Started
Number of days before 1 July 1983
Number of days after 30 June 1983

ETP Components

15/02/90 balance component \$
CGT exempt component \$
Undeducted contributions \$
Concessional component \$
Pre-July 1983 and Post-June 1983 - Taxed Element \$
Post-June 1983 - Untaxed Element \$
Post-June 1994 invalidity component \$

Roll-over balance as at 15 February 1990 included with this roll-over (if known) \$

The roll-over payment relates to a pre-July 1994 pension or annuity Yes No

Surcharge Information (Included in this Rollover)

Financial Year Ending
All Contributions \$
Employer Contributions (Accum Benefit) \$
Employer Contributions (Defined Benefit) \$
Surchargeable amount of Employer ETP \$

Preservation amount of the roll-over payment

Preserved amount \$
Restricted non-preserved \$
Unrestricted non-preserved \$

Gross Amount A \$ Gross Amount B \$
BOTH AMOUNTS MUST BE EQUAL

Section 4 - Payer Details

Payer SFN ABN

Payer's Name
Contact
Name of Authorised Person Telephone No.
Date

Benefit Advice



Mrs J L Crofts
P O Box 100
BULLCREEK WA 6149

Level 4 Central Park
152 St Georges Tce, Perth WA 6000
PO Box J 755, Perth WA 6842
Member Services Centre: 13 43 72
Fax: 1800 300 067
Email: memberservices@gesb.wa.gov.au
Website: www.gesb.wa.gov.au

ABN 43 418 292 917

Member Number:	6479994
Date of Birth:	29 Jul 1972
Benefit Date:	30 Jan 2006

Benefit Summary

Details	Balance Last Statement	Net Movement	Closing Balance
West State Super	43,414.87	8,441.45	\$51,856.32
Gross Benefit	\$43,414.87	\$8,441.45	\$51,856.32
Less Taxation			0.00
Add Member Protection Adjustment			0.00
Add Guarantee Credit			\$0.00
Net Benefit			\$51,856.32

Payment Details

Paid as a Lump Sum	\$0.00
Paid as a Rollover	51,856.32
Transferred	0.00
Amount Preserved	0.00
Net Benefit	\$51,856.32

Please contact the Member Services Centre on 13 43 72 (WA Only Service) if you require further information. Our office is open for enquiries from 8:00am to 5:00pm Monday to Friday.

Government Employees
Superannuation Board



Account Summary

West State Super

Benefit Description	Opening Balance	Amounts Received	Int./Unit Apprec.	Fees	Insur. Prem.	Prelim. Payment	Closing Balance
Employer Contributions	41,815.00	1,823.15	6,506.39	-63.47	-65.03	0.00	50,016.04
Deferred Inward Rollover	1,599.87	0.00	240.41	0.00	0.00	0.00	1,840.28
Total	43,414.87	1,823.15	6,746.80	-63.47	-65.03	0.00	51,856.32

Additional Information

This advice only shows your West State Superannuation monies. Please note, if you have any Gold State Superannuation monies these are not shown.

Interest Rates

2005-2006	5.44%
2004-2005	3.60%

Date of Last Statement	30 June 2005
Accrued benefit as at Last Statement	\$43414.87

Payee Details

Payee Name	Address	Amount
D & J Crofts Superannuation Fund A/C Of J L. Crofts	18 HAWKESBURY RTT, ATWELL, WA 6164	51,856.32



Understanding Your Benefit

WSS Final Remuneration (FR)

This is the average salary or wages payable to you during the last two years prior to termination of employment and may not include some allowances.

Interest

As from July 1 2001, your West State super earnings changed from a guaranteed rate of CPI+2% per annum to the rate applied to your nominated investment plan under the Member Investment Choice arrangements. The INT./UNIT APPREC (Interest/Unit Appreciation) amounts reflect the dollar value of the total movement in the Unit Price (upwards or downwards), for your nominated investment plan/s.

Taxation

Taxation is only deducted from the amount payable directly to you as a lump sum. Rollover and preserved amounts will be taxed at the time of payment.

Employer Contributions

Compulsory employer contributions are credited to your West State Super account at the end of each pay period. Currently, these contributions are paid at 9% of your Superannuation Salary. If you have been employed in more than one State Government Department since your last Annual Statement employer contributions will be combined.

Fees

An Account Keeping fee of \$5.00 per month and an Administration Expense Ratio (AER) of 0.1% p.a. charged monthly on a pro-rata basis.

Insurance Charges

An insurance charge is levied on your West State Super employer contributions on a monthly basis. The formula is :

Monthly Employer Contributions x Actuarial Factor.

Insurance Cover

Insurance cover only applies to active Gold State Super and West State Super members receiving Statutory Employer Contributions at the time of death or permanent invalidity. This is the total of the accrued benefit and insured benefit.

Gold State Super Insured Benefits for a Death or Total Permanent Invalidity comprises:

$NS \times 20/100 \times ACR/5 \times FR$

where:

NS is the notional or prospective service, expressed in complete months, from date of death or invalidity to age 60.

PLEASE NOTE: The benefit payable to members with limited insurance cover may be higher than the level shown if the cause of death or invalidity is unrelated to the medical condition/s for which the limitation was imposed.

West State Super Insured Benefits for a Death or Total and Permanent invalidity comprises :

$FR \times PC/100 \times M/12$

where:

PC is the percentage rate to apply in accordance with the Superannuation Guarantee legislation at the time of death or disablement.

M is the period, expressed in complete months, from date of death or invalidity to age 60 years.

COVER LAPSES FROM THE DATE OF TERMINATION OF EMPLOYMENT.

For other members, the death and invalidity benefit is the total of the accrued benefit at termination.

Complaints

If you have some concern regarding any aspect of your benefit entitlement or dealings with GESB, please contact a Member Services Officer for assistance.

If you are not satisfied with the response, you can lodge a formal complaint with GESB. A formal complaint must be in writing and addressed to :

Manager, Client Services
GESB
PO Box J755
Perth WA 6842.

The Client Services Manager will acknowledge all written complaints within 10 working days.

Understanding Your Benefit (continued)

The Superannuation Complaints Tribunal

GESB has elected to come under the jurisdiction of the Superannuation Complaints Tribunal. The Tribunal is an independent body set up by the Federal Government to assist members or beneficiaries to resolve certain types of complaints with Fund trustees. The Tribunal may be able to assist you to resolve your formal complaint, but only if you are not satisfied with the response received from our handling of your complaint. Please note that a formal complaint must be specific to yourself and cannot relate to the management of the Fund as a whole. If the Tribunal accepts your complaint, it will attempt to resolve the matter through conciliation, which involves assisting you and the Fund to come to a mutual agreement. If conciliation is unsuccessful, the complaint is referred to the Tribunal for a determination which is binding on GESB.

If you wish to find out whether the Tribunal can handle your complaint and the type of information you would need to provide, phone one of the following numbers for the cost of a local call anywhere in Australia.

13 14 34 - The Superannuation Complaints Tribunal
(APRA) You can also visit the website at www.sct.gov.au.

Further Information

Please consult your "INFORMATION FOR MEMBERS" booklet or contact a Member Services Officer on 13 43 72 (WA only service).



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D & J CROFTS SUPERANNUATION FUND
18 HAWKESBURY RTT
ATWELL WA 6164

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

Payee SFN:
Payee ABN: 48845047100
SPIN or member account number: CROFJL

Section 2 - Individual's Details

Individual's full name

6479994

Title: MRS
Surname or Family Name: CROFTS
First given name: JODIE
Other given names: LOUISE
Address: P O Box 100
BULLCREEK WA 6149

Date of birth: 29 Jul 1972 Sex (M/F): F Tax File Number: 189-323-529
(if required or permitted by law)

Name and address of authorised agent or adviser (if any):
This person must be authorised by the individual to receive the information about this roll-over from the roll-over fund.

Section 3 - Roll-over payment details

Eligible service period
Date Started: 11 Dec 1992
Number of days before 1 July 1983: 0
Number of days after 30 June 1983: 4,799

Roll-over balance as at 15 February 1990 included with this roll-over (if known) \$ 0.00
The roll-over payment relates to a pre-July 1994 pension or annuity Yes No

ETP Components
15/02/90 balance component \$ 0.00
CGT exempt component \$ 0.00
Undeducted contributions \$ 0.00
Concessional component \$ 0.00
Pre-July 1983 and Post-June 1983 - Taxed Element \$ 919.45
Post-June 1983 - Untaxed Element \$ 50,936.87
Post-June 1994 invalidity component \$ 0.00

Surcharge Information (Included in this Rollover)
Financial Year Ending: 30 Jun 2006
All Contributions \$ 0.00
Employer Contributions (Accum Benefit) \$ 0.00
Employer Contributions (Defined Benefit) \$ 0.00
Surchargeable amount of Employer ETP \$ 0.00

Preservation amount of the roll-over payment
Preserved amount \$ 51,856.32
Restricted non-preserved \$ 0.00
Unrestricted non-preserved \$ 0.00

Gross Amount A \$ 51,856.32 Gross Amount B \$ 51,856.32
BOTH AMOUNTS MUST BE EQUAL

Section 4 - Payer Details

Payer SFN: 146 552 940 ABN: 43418292917

Payer's Name: Government Employees Superannuation Board
Contact: Member Services Centre
Name of Authorised Person: Lance Brockway Telephone No.: 13 43 72
Date: 30 Jan 2006