

25 May 1999

D and J Crofts Superannuation Fund  
C/- 14 Impson Gardens  
SOUTH LAKE WA 6164

Dear Sir/Madam,

**Accountants Superannuation Fund**

**Member Name:** Darren John Crofts  
**Member Number:** 34983

We have been instructed to roll over the above member's superannuation benefit to your organisation.

Accordingly, we enclose a cheque for \$4,695.14 together with an Eligible Termination Payment Rollover Statement and Surcharge information. **Please present this cheque immediately** as any cheque which remains unrepresented for 3 months will be cancelled. The above mentioned Surcharge information is as follows:

Financial year ending	30-06-1999
Employer contributions (accumulation)	\$214.61
Employer contributions (defined benefit)	\$0.00
Surchargeable amount of Employer ETPs	\$0.00
Allocated surplus	\$0.00
Total contributions	\$214.61

Please return the following information which we require on behalf of the ATO.

1. Superannuation Fund Number of receiving rollover institution
2. New member number
3. New client code
4. New system code

When returning the above information, **please quote the member's name, member's old number and paying fund name.**

Yours Sincerely,



Mary Angelucci  
For and on behalf of the Trustee  
Accountants Superannuation Fund



## ETP Roll-over Statement: Industry Standard for Superannuation Payers

This form is to help superannuation funds, approved deposit funds, retirement savings account providers, life assurance companies and registered organisations to meet the tax office prescribed minimum information requirements for a roll-over payment. Read the instructions before you fill in this form. Instructions are available from A Fax From Tax on 13 28 60 and from tax office branches. If you need help filling in this form call the Superannuation Helpline on 13 10 20.

### Section 1 - ROLL-OVER FUND NAME AND ADDRESS

**D and J Crofts Superannuation Fund**  
**14 Impson Gardens**  
**SOUTH LAKE WA 6164**

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

### Section 2 - INDIVIDUAL'S DETAILS

#### Individual's Full Name

Title (eg. Mr, Mrs, Miss, Ms)

**Mr**

Surname or Family Name

**CROFTS**

First Given Name

**Darren**

Other Given Names

**John**

#### Address

**14 Impson Gardens**

**SOUTH LAKE**

#### Date of Birth

State **WA** Postcode **6164**

**18/02/1973**

**Tax File Number**  
(if required or permitted by law)

**175753574**

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

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

State

Postcode **0**

Telephone No.:

### Section 3 - ROLL-OVER PAYMENT DETAILS

#### Eligible Service Period

Date started

**15/07/1995**

Number of days before 1 July 1983

**0**

Number of days after 30 June 1983

**1411**

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

CGT exempt component

**\$ 0.00**

Undeducted contributions

**\$ 0.00**

Concessional component

**\$ 0.00**

Pre-July 1983 and Post June 1983  
Taxed element

**\$ 4695.14**

Post-June 1983 Untaxed element

**\$ 0.00**

Post-June 1994 invalidity component

**\$ 0.00**

#### Preservation amount of the roll-over payment

Preserved amount

**\$ 4695.14**

Restricted non-preserved

**\$ 0.00**

Unrestricted non-preserved

**\$ 0.00**

#### Gross Amount A

(must be equal to Gross Amount B)

**\$ 4695.14**

#### Gross Amount B

(must be equal to Gross Amount A)

**\$ 4695.14**

### Section 4 - PAYER DETAILS

ACN/ABN

**000189364**

Payer's Name

**Mercer Australia Limited on behalf of the Accountants Superannuation Fund**

Contact Name

**STEPHEN BLOOD**

Telephone No.

**02 93759600**

Signature of  
authorised person

**Stephen Blood**

Date

**25/05/1999**

The original of this form must be sent to the rollover fund within 7 days of paying the rollover amount. A copy must be kept for your records and a copy given to the person on whose behalf the rollover is made within 30 days of the rollover payment



# ETP Roll-over Statement: Industry Standard for Superannuation Payers

This form is to help superannuation funds, approved deposit funds, retirement savings account providers, life assurance companies and registered organisations to meet the tax office prescribed minimum information requirements for a roll-over payment. Read the instructions before you fill in this form. Instructions are available from A Fax From Tax on 13 28 60 and from tax office branches. If you need help filling in this form call the Superannuation Helpline on 13 10 20.

## Section 1 - Roll-over fund name and address

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

D & J Crofts Super Fund  
PO Box 100  
Bullcreek WA WA

6149

Payee SFN  /  /   
Payee ABN  48 /  845 /  047 /  100  
SPIN or member account number  B CROFTS

## Section 2 - Individual details

Title (ie Mr, Mrs, Ms):  Mr Surname or family name:  Crofts  
First given name  Brenden  
Other given names  James  
Address:  48 Northshore Dr  
 Dongara WA Postcode:  6525  
Date of birth:  10 /  04 /  1975 Tax File Number:  /  /

(if required or permitted by law)

Name & address of authorised agent or adviser (if any):  
  
  
Postcode:

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

## Section 3 - Roll-over payment details

### Eligible Service Period

Date Started:  01 /  06 /  1992  
Number of days before 1 July 1983:  0  
Number of days after 30 June 1983:  4503

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

\$  0.00

### ETP Components

CGT exempt component: \$  0.00  
Undeducted contributions: \$  0.00  
Professional component: \$  0.00  
Pre-July 1983 & post June 1983 - Taxed element: \$  20855.84  
Post-June 1983 - Untaxed element: \$  0.00  
Post-June 1994 invalidity Component: \$  0.00

The roll-over payment relates to a pre-July 1994 pension or annuity:

Yes ☐ No ☒

### Preservation amounts of the roll-over payment

Preserved amount: \$  20855.84  
Restricted non-preserved: \$  0.00  
Unrestricted non-preserved: \$  0.00

Gross amount A: \$  20855.84

Gross amount B: \$  20855.84

GROSS AMOUNT A and GROSS AMOUNT B MUST BE EQUAL

### Surchargeable contributions of current financial year

Financial Year Ending:  30 /  06 /  2005  
All Contributions: \$  0.00  
Employer & related: \$  0.00

Surchargeable Rollover: \$  0.00  
Allocated Surplus: \$  0.00  
Personal Contributed Amount: \$  0.00  
Other Contributed Amount: \$  0.00

## Section 4 - Payer details

Payer's name:  MLC LIMITED  
Contact name:  Chris Orgill Telephone No:  1800 035 564.  
Signature of authorised Person:  Chris Orgill Date:  29 /  09 /  2004

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