

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

3 Postal address

Suburb/town/locality State/territory Postcode

Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier

Section B: Member details

5 Tax file number (TFN)

6 Full name
Title
Family name

First given name Other given names

7 Residential address
Street address

Suburb/town/locality State/territory Postcode

Country if outside Australia

8 Date of birth Day/Month/Year

9 Sex Male Female

10 Daytime phone number (include area Code)

11 Email address (if applicable)

Section C: Rollover transaction details

12	Service period start date	Day/Month/Year	01/12/2018
13	Tax components:		
	Tax-free component	\$	2,996.16
	KiwiSaver tax-free component	\$	0.00
	Taxable component:		
	Element taxed in the fund	\$	7,999.37
	Element untaxed in the fund	\$	0.00
	TOTAL Tax components	\$	10,995.53
14	Preservation amounts:		
	Preserved amount	\$	10,995.53
	KiwiSaver preserved amount	\$	0.00
	Restricted non-preserved amount	\$	0.00
	Unrestricted non-preserved amount	\$	0.00
	TOTAL Preservation amounts	\$	10,995.53

Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006 \$ 0.00

Section E: Transferring fund

16	Fund's ABN	65 714 394 898
17	Fund's name	AustralianSuper
18	Contact name	AustralianSuper Contact Centre
19	Daytime phone number (include area Code)	1300 300 273
20	Email address (if applicable)	australiansuper.com/email

Section F: Declaration

AUTHORISED REPRESENTATIVE DECLARATION:

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

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.

Name

JOE NEKIC

Authorised representative signature

JOE NEKIC

Day / Month / Year

Date

24/07/2020