

Rollover Benefits Statement

Section A :- Receiving fund

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

ORIGINAL

R & S HARRIS SUPERANNUATION FUND
5 Bineen Street
CARINA QLD 4152

Australian business number (ABN) 94 106 412 901

Unique Superannuation Identifier
(USI)

Member client identifier

Section B :- Member's details

Tax File Number (TFN) 170 024 616

Full Name

Title Mr

Family name Harris

First given name Russell

Other given names John

Postal Address 5 Bineen Street
CARINA QLD 4152

Date of birth 30/12/1971

Sex (M/F) M

Daytime Phone No.

Email Address

Section C :- Rollover transaction details

Service period start date 08/03/1990

Tax components:

Tax-free component \$266.00

KiwiSaver tax-free component \$0.00

Taxable component:

Element taxed in the fund \$34,734.00

Element untaxed in the fund \$0.00

TOTAL Tax Components \$35,000.00

Preservation amounts:

Preserved amount \$34,982.09

KiwiSaver preserved amount \$0.00

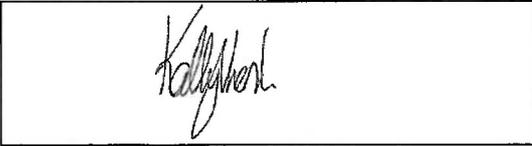
Restricted non-preserved amount \$0.00

Unrestricted non-preserved amount \$17.91

TOTAL Preservation Amounts \$35,000.00

Section D :- Non-complying funds	
Contributions made to a non-complying fund on or after 10 May 2006	\$0.00

Section E :- Transferring fund	
Fund ABN	39 827 542 991
Your fund name	SuperWrap Personal Super Plan
Contact Name	Kathy Vincent
	Date 06/07/2020
Telephone number	1300 657 010
Email Address	superwrap@investorwrap.com.au

Section F :- Declaration	
I declare that the information contained in the statement is true and correct.	
Name (BLOCK LETTERS) KATHY VINCENT	
Trustee, director or authorised officer signature 	DATE 06/07/2020
OR	
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:	
<ul style="list-style-type: none">• 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 (BLOCK LETTERS) KATHY VINCENT	
DATE 06/07/2020	
Authorised representative signature 	
Tax Agent number	