

Rollover Benefits Statement

Section A :- Receiving fund

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

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

ORIGINAL

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

\$825.00

KiwiSaver tax-free component

\$0.00

Taxable component:

Element taxed in the fund

\$109,175.00

Element untaxed in the fund

\$0.00

TOTAL Tax Components

\$110,000.00

Preservation amounts:

Preserved amount

\$110,000.00

KiwiSaver preserved amount

\$0.00

Restricted non-preserved amount

\$0.00

Unrestricted non-preserved amount

\$0.00

TOTAL Preservation Amounts

\$110,000.00

Investor No: M02419796

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

10/07/2020

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

10/07/2020

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:

- 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

10/07/2020

Authorised representative signature



Tax Agent number