

Super Fund
2019-2020 Verily receipt
OK

Rollover benefits statement

When to use this statement

❶ Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- you are paying a rollover superannuation benefit other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards
- you have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member
- you are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❶ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

Completing this statement

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❶ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

3 Postal address

Suburb/town/locality State/territory Postcode
Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title:

Family name

First given name

Other given names

7 Residential address

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

8 Date of birth

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components

Tax-free component \$

KiwiSaver tax-free component \$

Taxable component:
Element taxed in the fund \$

Element untaxed in the fund \$

Tax components TOTAL \$

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount \$ 140000.00
KiwiSaver preserved amount \$
Restricted non-preserved amount \$
Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$ 140000.00

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

\$

Section E: Transferring fund

16 Fund ABN 99398113353

17 Fund name

AR & LN HART SUPERANNUATION FUND

18 Contact name

Title: MR

Family name

HART

First given name

ANTHONY

Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

TONY_R_HART@HOTMAIL.COM

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

- !** Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

Trustee, director or authorised officer declaration


Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

ANTHONY RONALD HART

Trustee, director or authorised officer signature



Date

28/10/2019

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)

ANGUS MORRISON

Authorised representative signature



Date

24/10/2019

Tax agent number (if you are a registered tax agent)

24756885

Where to send this form

- !** Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.

031 Jul 2018

Customer's Record of Bank Cheque

Please detach this portion before forwarding cheque to payee

430177

Branch Number 3978

Branch Stamp

DATE : 28 October 2019
PAYEE : HOSTPLUS
AMOUNT : \$140000.00

Commonwealth Bank

Commonwealth Bank of Australia
ABN 48 123 123 124

357 COLLINS ST, MELBOURNE VIC

Bank Cheque



430177
28 October 2019

PAY HOSTPLUS*****

OR BEARER

THE SUM OF ONEHUNDREDANDFORTYTHOUSANDDOLLARONLY*****\$140000.00

For Commonwealth Bank of Australia

Not
Negotiable

For SECURITY FEATURES see reverse of cheque

⑈430177⑈ 063⑈978⑈ 1008⑈3483⑈

SUPERANNUATION CONTRIBUTION

*A.R. HART
2019-2020*



11:41 AM AEST, Thursday 11 June, 2020

Active Banking
Welcome ANTHONY (TONY) HART

Funds Transfer Receipt

From account	
Account	250795382 - MBCM MORDIALLOC- BUSINESS ACC
Amount	\$25,000.00 ✓
Description of transfer	Super Contrib A R Hart 2019-2020 A R & L N Hart Superannuation
To account	
Account name	A R & L N Hart Superannuation
BSB & branch	063-000 CBA, 325 COLLINS ST MELBOURNE, G.01 325 COLLINS ST, MELBOURNE
Account number	10881475
Description to payee	Contrib A R Hart MBCM MORDIALLOC- BUSINESS ACC
Payment information	
Payment created	11 Jun 20 11:40AM
Timing	Once-only
Payment date	11 Jun 20
Payment ID	26507846
Status	Authorised