

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN) 92 448 348 182

2 Fund name
MAYFAIR SUPERANNUATION FUND

3 Postal address
Street address
109 WERIN STREET
Suburb/town/locality
TEWANTIN
State/territory
QLD
Postcode
4565
Country if other than Australia

4 (a) Unique superannuation identifier (USI)
(b) Member client identifier
SROBINSON

Section B: Member's details

5 Tax file number (TFN) 190 004 220

6 Full name
Title
MS
Family name
ROBINSON
First given name
SUZANNE
Other given names

7 Residential address
Street address
122 WERIN ST
Suburb/town/locality
TEWANTIN
State/territory
QLD
Postcode
4565
Country if other than Australia

8 Date of birth
Day
24 / Month
6 / Year
1976

9 Sex
Male ☐ Female ☒

10 Daytime phone number (include area code) 02 9370 1112

11 Email address (if applicable)
noosarobinsons@gmail.com

Section C: Rollover transaction details

12 Service period start date

Day	1	/	Month	11	/	Year	1996
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13 Tax components

Tax-free component: \$

405.15

KiwiSaver tax-free component: \$

0.00

Taxable component:

Element taxed in the fund: \$

3,930.12

Element untaxed in the fund: \$

0.00

Tax components TOTAL \$

4,335.27

14 Preservation amounts

Preserved amount: \$

4,335.27

KiwiSaver preserved amount: \$

0.00

Restricted non-preserved amount: \$

0.00

Unrestricted non-preserved amount: \$

0.00

Preservation amounts TOTAL \$

4,335.27

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 ABN

7	0	7	3	2	4	2	6	0	2	4
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17 Fund name

MLC SUPER FUND

18 Contact name

HELEN MURDOCH

19 Daytime phone number (include area code)

1300 55 7586

20 Email address (if applicable)

Section F: Declaration

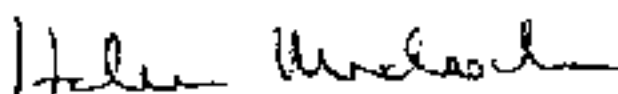
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

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

Name (BLOCK LETTERS)

HELEN MURDOCH

Trustee, director or authorised officer signature



Date

Day

18

/

Month

11

/

Year

2019

Employee's Copy