

## Rollover benefits statement

### Section A: Receiving fund

1	Australian business number (ABN)	24 726 172 298		
2	Fund Name	Claudia's Birds SMSF		
3	Postal address	Unit 2 278 Beaufort St		
	Suburb/town/locality	State/territory	Postcode	
	PERTH	WA	6000	
	Country if other than Australia			
4	(a) Unique Superannuation Identifier (USI)			
	(b) Member Client Identifier	02		

### Section B: Member's details

5	Tax file number (TFN)	336   915   494		
6	Full name			
	Title	Ms		
	Family name	Andria		
	First given name	Other given names		
	Claudia			
7	Residential address	16 Gardiner Heights		
	Suburb/town/locality	State/territory	Postcode	
	KINROSS	WA	6028	
	Country if other than Australia			
8	Date of birth	Day/Month/Year 17 / 05 / 1965		
9	Sex	Male	<input type="checkbox"/> Female	<input checked="" type="checkbox"/>
10	Daytime phone number (include area code)			
11	Email address (if applicable)	candria@bigpond.com		



## Section C: Rollover transaction details

		Day/Month/Year
12	Service period start date	14 / 12 / 1992
13	Tax components:	
	Tax-free component	\$ 0.00
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 64,500.00
	Element untaxed in the fund	\$ 0.00
	TOTAL Tax components	\$ 64,500.00
14	Preservation amounts:	
	Preserved amount	\$ 64,500.00
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 0.00
	TOTAL Preservation Amounts	\$ 64,500.00

## Section D: Non-complying funds

15	Contributions made to a non-complying fund on or after 10 May 2006	\$ 0.00
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## Section E: Transferring fund

16	Fund's ABN	62   653   671   394
17	Fund's name	Retail Employees Superannuation Trust
18	Contact name	Retail Employees Superannuation Trust Contact Centre
19	Daytime phone number (include area Code)	1300 300 778
20	Email address (if applicable)	

## 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

23 / 06 / 2020

