



# Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

## WHEN COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place  in ALL applicable boxes.

If a member asks you to roll over parts of their entitlement to more than one fund, you must complete separate statements for each rollover payment.

## Section A: Receiving fund's details

1 Australian business number (ABN)

2 Name

3 Postal address  
Street address  
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

4 You must provide at least one of the receiving fund's numbers below:

Member account number    
Superannuation product identification number (SPIN)

## Section B: Member's details

5 Tax file number (TFN)

6 Full name  
Title: Mr  Mrs  Miss  Ms  Other   
Family name   
First given name  Other given names

7 Postal address  
Street address  
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

8 Date of birth Day  / Month  / Year

9 Sex Male  Female

10 Daytime phone number (include area code) 0414 668633

11 Email address (if applicable)

### Section C: Rollover payment details

Include dollars and cents.

12 Service period start date 

Day	Month	Year
29	/ 06	/ 1984

13 Rollover components:

Tax-free component \$

Taxable component:

Element taxed in the fund \$

Element untaxed in the fund \$

14 Preservation amounts:

Preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

15 Contributed amounts

Financial year ending 

Day	Month	Year
30	/ 06	/ 2018

This rollover includes the following contributions made during the current financial year.

- a Employer contributed amount \$
- b Personal contributed amount \$
- c Capital gains tax (CGT) cap election amount:
  - Small business retirement exemption amount \$
  - Small business 15-year exemption amount \$
- d Personal injury election amount \$
- e Spouse and child contributions amount \$
- f Other family and friend contributions amount \$
- g Directed termination payments (taxable component) amount \$
- h Assessable foreign fund amount \$
- i Non-assessable foreign fund amount \$
- j Transferred from reserves amount:
  - Assessable amount \$
  - Non-assessable amount \$
- k All contributions received for the current year \$

Section D: **Your details**

16 Fund's ABN

17 Fund's name

*GREAT EASTERN Employees Superannuation Fund*

18 Contact name

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

19 Email address (if applicable)

*rust@optusnet.com.au*

20 Daytime phone number (include area code)

*(02) 92647288*

21 Signature of authorised person

*X*

Date

Day

Month

Year

*28*

*6*

*2019*

**1** You do not need to send a copy of the statement to us however, you must keep a copy for your records for a period of five years.

**2** Send:

- the statement to the receiving fund (or elsewhere if instructed) within seven days of paying the roll over payment, and
- a copy of the statement to the individual within 30 days of paying the roll over payment to the receiving fund.