

14 April 2020

Diana Maurice Sayes
14 CHAMBERLAIN ROAD
PADSTOW NSW 2211

netwealth Investments Ltd
ABN 85 090 569 109
AFSL 230975
Level 8/52 Collins Street
Melbourne VIC 3000
PO Box 336
South Melbourne VIC 3205

Super Accelerator Personal Super Withdrawal Confirmation

The withdrawal from your Personal Super account has been completed.

The details of the withdrawal were as follows:

Client Name:	Diana Maurice Sayes
Account Number:	0001083848
Gross withdrawal amount:	\$55,000.00
Less tax withheld:	\$0.00
Net withdrawal amount:	\$55,000.00
Date paid:	14/04/2020

The net withdrawal amount has been transferred to the following fund:

Fund name:	The Trustee for D M Sayes SMSf
Address:	Po Box 708 KINGSGROVE NSW 1480

We also forwarded a Rollover Benefits Statement to the above fund, of which we have enclosed a copy for your records.

Details of all transactions relating to your account will be forwarded to you in an Annual Statement.

Your Details

Client name
Diana Maurice Sayes

Client number
203043

Account number
0001083848

Adviser Details

Adviser name
TLK Wealth Pty Ltd MMP

Phone number
(02) 8090 7546

For more information

 1800 888 223

 contact@netwealth.com.au

 netwealth.com.au

Rollover Benefits Statement

Complete this form 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).

SECTION A: Receiving Fund

Australian business number (ABN) : 14 817-244-825
Fund Name : The Trustee for D M Sayes SMSf
Postal Address : Po Box 708
Suburb/town/locality : KINGSGROVE
State/territory : NSW
Postcode : 1480
Country :
(a) Unique superannuation identifier :
(b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 340 907 467
Full Name
Title : Mrs
Family Name : Sayes
First Given Name : Diana
Other Given Name(s) : Maurice
Residential Address : 14 CHAMBERLAIN ROAD
:
Suburb/town/locality : PADSTOW
State/territory : NSW
Postcode : 2211
Country : AUSTRALIA
Date of Birth : 24 / 02 / 1981
Sex : Female
Daytime phone number :
Email address (if applicable) : diana.sayes@gmail.com

SECTION C: Rollover Transaction Details

Service period start date : 12 / 11 / 1998

Tax Components

Tax-free component	\$	0.00
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	55,000.00
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 55,000.00

Preservation amounts

Preserved amount	\$	55,000.00
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$ 55,000.00

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 : 94 573 747 704
Fund name : NETWEALTH SUPERANNUATION MASTER FUND
Contact name : ALISTAIR DENSLEY
Daytime phone number : 0396551300
Email address : contact@netwealth.com.au

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 : ALISTAIR DENSLEY

Authorised representative signature :

Date: 14 April 2020



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

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 them 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 a period of five years

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

- comply with the requirements of the data standard 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 a period of five years.