

# Rollover benefits statement

## Section A: Receiving fund

1 **Australian business number (ABN)**

2 **Fund name**

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

4 (a) **Unique Superannuation Identifier (USI)**   
(b) **Member Client Identifier**

## Section B: Member details

5 **Tax file number (TFN)**

6 **Full name**  
Title   
Family name   
First given name  Other given names

7 **Residential 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)**

11 **Email address (if applicable)**

## Section C: Rollover transaction details

12	<b>Service period start date</b>	Day/Month/Year 08/03/2004
13	<b>Tax components:</b>	
	Tax-free component	\$ 65,847.00
	KiwiSaver tax-free component	\$ 0.00
	<b>Taxable component:</b>	
	Element taxed in the fund	\$ 783,383.65
	Element untaxed in the fund	\$ 0.00
	<b>TOTAL Tax components</b>	<b>\$ 849,230.65</b>
14	<b>Preservation amounts:</b>	
	Preserved amount	\$ 0.00
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 849,230.65
	<b>TOTAL Preservation amounts</b>	<b>\$ 849,230.65</b>

## Section D: Non-complying funds

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

16	<b>Fund's ABN</b>	65   714   394   898
17	<b>Fund's name</b>	AustralianSuper
18	<b>Contact name</b>	AustralianSuper Contact Centre
19	<b>Daytime phone number</b> (include area Code)	1300 300 273
20	<b>Email address</b> (if applicable)	australiansuper.com/email

## 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**

10/06/2023