



✓ \$5033.14  
Done - deposited  
into NAB PML  
Superfund  
Sept 15 '19  
AMP Super closed.

### Rollover Benefit Statement

The original of this form has been sent to your rollover institution. Please keep this copy for your records.

#### SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

Name:

Address:

Unique Superannuation Identifier (USI)  
or  
Member client identifier:

#### SECTION B: MEMBER DETAILS

Tax file number:

Title:

Family name:

Given name:

Other given names:

Postal address:

Date of birth:

Sex: F  M

Daytime phone number (include area code):

Email address (if applicable):

#### SECTION C: ROLLOVER TRANSACTION DETAILS

1. Service period start date:

2. Tax components

- Tax - free component:
- KiwiSaver Tax-free component:

**SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)**

• Taxable component

Element taxed in the fund, and

4,693.09

Element untaxed in the fund

0.00

TOTAL Tax Components

5,033.14

**3. Preservation amounts**

• Preserved amount

5,033.14

• KiwiSaver preserved amount

0.00

• Restricted non-preserved amount

0.00

• Unrestricted non-preserved amount

0.00

TOTAL Preservation Amounts

5,033.14

**SECTION D: NON-COMPLYING FUNDS**

Contributions made to a non-complying fund on or after 10 May 2006

**SECTION E: TRANSFERRING FUND**

ABN:

76 514 770 399

Fund's name:

AMP Superannuation Savings Trust

Contact name:

Craig Dainton

Email address (if applicable):

Daytime phone number (including area code):

131 267 (131 AMP)

**SECTION F: DECLARATION**

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.

Signature of authorised person:

Craig Dainton

Date:

13/09/2019