

Rollover benefits statement

WHEN TO USE THIS STATEMENT

① Only use this version of the form for transactions occurring on or after 1 July 2013.
If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) 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 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).

① You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

① Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

90 132 631 076

2 Fund name

Goldspring Superannuation Fund

3 Postal address

Street address

13 Kyle Street

Suburb/town/locality

Rutherford

State/territory

NSW

Postcode

2320

Country if outside Australia

4

(a) Member client identifier

1

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

143924515

6 Full name

Title

Mr

Family name

Goldspring

First given name

Peter

Other given names

Michael

7 Residential address

Street address

13 Kyle Street

Suburb/town/locality

Rutherford

State/territory

NSW

Postcode

2320

Country if outside Australia

8 Date of birth

9/02/1967

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

① Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components

Tax-free component

KiwiSaver tax-free component

Taxable component:

Element taxed in the fund

Element untaxed in the fund

Tax components TOTAL

① Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount

KiwiSaver preserved amount

Restricted non-preserved amount

Unrestricted non-preserved amount

Preservation components TOTAL

① If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

① Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN 49 637 038 628

17 Fund name

Goldspring Family Superannuation Fund

18 Contact name

Title Mr

Family name

Goldspring

First given name

Peter

Other given names

Michael

19 Daytime phone number (include area code)

0249320622

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION


Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in the section above.

I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

PETER GOLDSRING

Trustee, director or authorised officer signature



Date

Day

Month

Year

30

06

2020