

# Rollover benefits statement

## WHEN TO USE THIS STATEMENT

❶ 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.

❶ 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.

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).

## 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.

❶ 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**

**i** 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**

**i** 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**

**i** 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**

**i** 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

17 Fund name

18 Contact name  
Title   
Family name

First given name  Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

**Section F: Declaration**

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

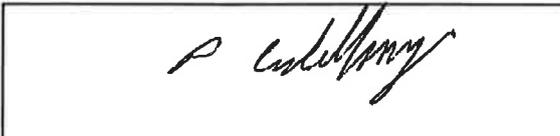
**i** Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

**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)

Trustee, director or authorised officer signature  


Date  
Day Month Year  
 /  /