

THE HANSEN FAMILY SUPER FUND 43 KOOLA AV EAST KILLARA NSW 2071 Member number 101223598

Member name: CONNIE HANSEN

ROLLOVER

Please find enclosed a cheque for \$99,999.00 which represents a rollover of the above member's benefits from MLC SUPER FUND.

We have also enclosed the following in relation to this payment;

Rollover Benefit Statement

Any questions?

If you have any questions, or would like more information, please contact us on 1300 55 7586, 8am to 7pm AEST (8pm daylight savings time), Monday to Friday or go to plum.com.au

Rollover benefits statement

Section A: Receiving fund	
1 Australian business number (ABN) 3 7 8 2 6 5 1 2 9 4	3
2 Fund name	
THE HANSEN FAMILY SUPER FUND	
3 Postal address Street address	
43 KOOLA AV	
Suburb/town/locality	21.1 //
EAST KILLARA	State/territory Postcode
Country if other than Australia	NSW 2071
4 (a) Unique superannuation identifier (USI)	
(b) Member client identifier 2	
Section B: Member's details	
6 Full name Title MS Family name	
HANSEN	
First given name Other given names	
CONNIE	
7 Residential address Street address 43 KOOLA AVE	
Suburb/town/locality	
EAST KILLARA	State/territory Postcode
Country if other than Australia	NSW 2071
B Date of birth 14 / 4 / 1965	
Sex Male Female X	
Daytime phone number (include area code) 02 92592588	
1 Email address (if applicable)	
hansencc@yahoo.com	

Se	ection C: Rollover tra	nsaction	details			
12	Service period start date	1 / [Month Year 1 / 2001			
13	Tax components					
	Tax-free component	\$	0.00			
	KiwiSaver tax-free component	\$	0.00			
	Taxable component:					
	Element taxed in the fund	\$	99,999.00			
	Element untaxed in the fund	\$	0.00			
			Tax	components TOTAL	\$	99,999.00
14	Preservation amounts					
**	Preserved amount	\$	99,999.00			
	KiwiSaver preserved amount	\$	0.00			
	Restricted non-preserved amount	\$	0.00			
	Unrestricted non-preserved amount		0.00			
				ion amounts TOTAL	\$	99,999.00
18	Fund ABN 7 0 7 3 Fund name LC SUPER FUND Contact name AM WALL	2 4 2 6	024			
19	Daytime phone number (inclu	de area code)	1300 55 7586			
20	Email address (if applicable)					
	Eman address (ii applicable)					
-	etien E. Deelevetien					
56	ection F: Declaration					
	USTEE, DIRECTOR OR AUTHO					
	clare that the information containe me (BLOCK LETTERS)	ed in the stateme	ent is true and correct			
	AM WALL					
Tru	stee, director or authorised o	fficer signatur	e			
	Ph	-		Date Day 3 /	9 /	Year 2021

Rollover Institution Copy

Rollover benefits statement

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Suburb/town/locality			
EAST KILLARA		State/territory	Postcode
Country if other than Australia		NSW	2071
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(b) Member client identifier 2			
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HANSEN			
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CONNIE Other given names			
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EAST KILLARA		NSW	2071
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17	Fund ABN 7 0 7 3 2 Fund name .C SUPER FUND	2 4 2 6 0	2 4			
	Contact name M WALL					
	Daytime phone number (include Email address (if applicable)	e area code)	1300 55 7586			
Se	ction F: Declaration					
I dec	STEE, DIRECTOR OR AUTHOR clare that the information contained the (BLOCK LETTERS)	RISED OFFICER in the statement	R DECLARATION: is true and correct.			
SAI	M WALL					
Trus	tee, director or authorised offi	cer signature				
	A/h	-	Employee's Copy	Date Day 3 / 9	_ , _	Year 2021