



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)

2 Fund name

THE HANSEN FAMILY SUPER FUND

3 Postal address

Street address

43 KOOLA AV

Suburb/town/locality

EAST KILLARA

State/territory

NSW

Postcode

2071

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

2

## Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title

MS

Family name

HANSEN

First given name

CONNIE

Other given names

7 Residential address

Street address

43 KOOLA AVE

Suburb/town/locality

EAST KILLARA

State/territory

NSW

Postcode

2071

Country if other than Australia

8 Date of birth  /  /

9 Sex Male  Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

hansenc@yahoo.com

## Section C: Rollover transaction details

12 Service period start date 

Day	1	/	Month	1	/	Year	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
------

Preservation amounts TOTAL \$ 

99,999.00
-----------

## Section D: Non-complying funds

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

0.00
------

## Section E: Transferring fund

16 Fund ABN 

7	0	7	3	2	4	2	6	0	2	4
---	---	---	---	---	---	---	---	---	---	---

### 17 Fund name

MLC SUPER FUND

### 18 Contact name

SAM WALL

19 Daytime phone number (include area code) 

1300 55 7586
--------------

20 Email address (if applicable)  

--

## Section F: Declaration


### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

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

Name (BLOCK LETTERS)

SAM WALL

Trustee, director or authorised officer signature



Date

Day	3	/	Month	9	/	Year	2021
-----	---	---	-------	---	---	------	------

# Rollover benefits statement

## Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

THE HANSEN FAMILY SUPER FUND

3 Postal address

Street address

43 KOOLA AV

Suburb/town/locality

EAST KILLARA

State/territory

NSW

Postcode

2071

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

2

## Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title

MS

Family name

HANSEN

First given name

CONNIE

Other given names

7 Residential address

Street address

43 KOOLA AVE

Suburb/town/locality

EAST KILLARA

State/territory

NSW

Postcode

2071

Country if other than Australia

8 Date of birth

Day

14

Month

4

Year

1965

9 Sex

Male

Female

10 Daytime phone number (include area code)

02 92592588

11 Email address (if applicable)

hansenc@yahoo.com

## Section C: Rollover transaction details

12 Service period start date 

Day	1	/	Month	1	/	Year	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
------

Preservation amounts TOTAL \$ 

99,999.00
-----------

## Section D: Non-complying funds

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

0.00
------

## Section E: Transferring fund

16 Fund ABN 

7	0	7	3	2	4	2	6	0	2	4
---	---	---	---	---	---	---	---	---	---	---

### 17 Fund name

MLC SUPER FUND

### 18 Contact name

SAM WALL

19 Daytime phone number (include area code) 

1300 55 7586
--------------

### 20 Email address (if applicable)

## Section F: Declaration

### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

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

Name (BLOCK LETTERS)

SAM WALL

Trustee, director or authorised officer signature



Date

Day	3	/	Month	9	/	Year	2021
-----	---	---	-------	---	---	------	------

Employee's Copy