

Rollover Benefits Statement

Section A :- Receiving fund COOLCARKNEE SUPERANNUATION FUND 79 Fongeo Dr POINT COOK VIC 3030 Section B :- Member's details		THIS FORM DOES NOT HAVE TO BE IN A TAX RETURN ORIGIN Australian business number (ABN) Unique Superannuation Identifier (USI) Member client identifier	AL
Tax File Number (TFN)	857 873 018		
Fuil Name			
Title	Mr		
Family name	Kulkarni		
First given name	Amith		
Other given names	Kumar		
Postal Address	79 Fongeo Dr POINT COOK VIC 3030		
Date of birth	03/07/1980		
Sex (M/F)	М		
Daytime Phone No.			
Email Address			

Section C:- Rollover transaction details 12/04/2007 Service period start date Preservation amounts: Tax components: \$886.34 \$144,039.69 Tax-free component Preserved amount \$0.00 KiwiSaver preserved amount \$0.00 KiwiSaver tax-free component Taxable component: \$0.00 Element taxed in the fund \$143,153.35 Restricted non-preserved amount Element untaxed in the fund \$0.00 Unrestricted non-preserved amount \$0.00 \$144,039.69 **TOTAL Preservation Amounts** \$144,039.69 **TOTAL Tax Components**

Section D :- Non-complying fund	nds	
Contributions made to a non-complying 10 May 2006	ring fund on or after \$0.00	a Ve
Section E :- Transferring fund		
Fund ABN	39 827 542 991	
Your fund name	SuperWrap Personal Super Plan	
Contact Name	Kathy Vincent	
	Date 09/09/2020	
Telephone number	1300 657 010	
Email Address	superwrap@investorwrap.com.au	
Section F :- Declaration		- Lo Associ
Name (BLOCK LETTERS) KATHY VINCENT Trustee, director or authorised officer		
Nallyhort	DATE 09/09/2020	
AUTHORISED REPRESENTATIVE DEC Complete this declaration if you are an au	ECLARATION: authorised representative of the superannuation fund or other provider shown in section E.	
I declare that: I have prepared the statement with the	ne information supplied by the superannuation provider	
• •	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	on provider to give the information in the statement to the ATO	
Name (BLOCK LETTERS)		
KATHY VINCENT	DATE 09/09/2020	
Authorised representative signature		
Kallyhort		
Tax Agent number		

Rollover Benefits Statement

Section A :- Receiving fund		THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN	
COOLCARKNEE SUPERANNUATION FUND 79 Fongeo Dr POINT COOK VIC 3030		ORIGINA Australian business number (ABN) Unique Superannuation Identifier (USI) Member client identifier	21 935 505 753
Section B :- Member's d	letails		
Tax File Number (TFN)	856 214 565		
Full Name			
Title	Mrs		
Family name	Kulkarni		
First given name	Udaya		
Other given names			
Postal Address	79 Fongeo Dr POINT COOK VIC 3030		
Date of birth	22/05/1981		
Sex (M/F)	F		
Daytime Phone No.			
Email Address	p		

Section C :- Rollover transaction details 20/01/2007 Service period start date Tax components: Preservation amounts: \$7.72 \$133,725.17 Preserved amount Tax-free component \$0.00 \$0.00 KiwiSaver tax-free component KiwiSaver preserved amount Taxable component: Element taxed in the fund \$133,717.45 \$0.00 Restricted non-preserved amount \$0.00 \$0.00 Unrestricted non-preserved amount Element untaxed in the fund **TOTAL Preservation Amounts** \$133,725.17 **TOTAL Tax Components** \$133,725.17

Section D :- Non-complying fun	ds		
Contributions made to a non-complyi 10 May 2006	ng fund on or after	\$0.00	
Section E :- Transferring fund			
Fund ABN	39 827 542 991		
Your fund name	SuperWrap Personal Su	per Plan	
Contact Name	Kathy Vincent		2 - 15 gm - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Kallyhert	Dat	ee 09/09/2020
Telephone number	1300 657 010		
Email Address	superwrap@investorwra	p.com.au	
Section F :- Declaration			
Name (BLOCK LETTERS) KATHY VINCENT Trustee, director or authorised officer			
Kallyhort		DATE	09/09/2020
AUTHORISED REPRESENTATIVE DEC Complete this declaration if you are an a		f the superannuation fund	or other provider shown in section E.
I declare that: I have prepared the statement with the	e information supplied by the	ne superannuation provide	er
I have received a declaration made by			
statement is true and correct			
I am authorised by the superannuation	n provider to give the inforr	nation in the statement to	the ATO
Name (BLOCK LETTERS) KATHY VINCENT		DATE	09/09/2020
Authorised representative signature		DATE	03/03/2020
Tax Agent number			
rux Agent number	7		

Rollover Benefits Statement

Section A :- Receiving fu	nd	THIS FORM DOES NOT H IN A TAX RETURN	AVE TO BE INCLUDED
		IN A TAX RETURN	ORIGINAL
COOLCARKNEE SUPERANNUATION FUND 79 Fongeo Dr		Australian business num	ber (ABN) 21 935 505 753
POINT COOK VIC 3030		Unique Superannuation le	
		(USI)	
		Member client identifier	
Section B :- Member's de	tails		
Tax File Number (TFN)	Provided		
Full Name			
Title	Mrs		
Family name	Kulkarni		
Talling hallo	Trainaini		
First given name	Udaya		
Other given names			
Postal Address	79 Fongeo Dr POINT COOK VIC 3030		
Date of birth	22/05/1981		
Sex (M/F)	F		
Daytime Phone No.			
Email Address			
Section C :- Rollover tran	saction details		
Service period start date	20/01/2007		
Tax components:		Preservation amounts:	
Tax-free component	\$0.00	Preserved amount	\$523.70
KiwiSaver tax-free component	\$0.00	KiwiSaver preserved amount	\$0.00
Taxable component:		1	
Element taxed in the fund	\$523.70	Restricted non-preserved amount	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted non-preserved amount	\$0.00
TOTAL Tax Components	\$523.70	TOTAL Preservation Amounts	\$523.70

Section D :- Non-complying fun	nds	
Contributions made to a non-complying 10 May 2006	ing fund on or after \$0.00	
Section E :- Transferring fund		
Fund ABN	39 827 542 991	
Your fund name	SuperWrap Personal Super Plan	
Contact Name	Kathy Vincent	
	Date 25/09/2020	
Telephone number	1300 657 010	
Email Address	superwrap@investorwrap.com.au	
Section F :- Declaration		
I declare that the information contained	in the statement is true and correct	
Name (BLOCK LETTERS)	in the statement is true and correct.	
KATHY VINCENT		
Trustee, director or authorised office	r signature	
Kallytherl	DATE 25/09/2020	
OR		
AUTHORISED REPRESENTATIVE DE	CLARATION: authorised representative of the superannuation fund or other provider shown in section E.	
I declare that: I have prepared the statement with the	ne 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	on provider to give the information in the statement to the ATO	
Name (BLOCK LETTERS)		
KATHY VINCENT	DATE 25/09/2020	
Authorised representative signature		
Kallytherl		
Tax Agent number		
1		