Rollover Benefits Statement

Section A: Receiving funds details

Brinkamie SMSF

THIS FORM DOES NOT HAVE TO BE **INCLUDED IN A TAX RETURN**

Receiving fund's ABN

| 42 644 076 886 | |
|----------------|--|
| | |
| MICHAEL MILDON | |

| | Superannuation Ide MCI (Member | | | | MICHAEL MILDON | | | | |
|--|---|-------------|--|---------------------------------|----------------|------------------|-----------|--------------|---------|
| Section B: Member's | details | | | | | | | | |
| Title | Mr | | Family name | Mildon | | | | | |
| First given name | Michael | | | | | | | | |
| Other given names | | | | | | | | | |
| Residential Address | 25 Hindoo Elbow Bend | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| L | STRATTON | | 1 | ate | WA 1 | Country | AUSTRALIA | Postcode | 6056 |
| Date of birth | 17/10/ | /1959 | Sex (M/F) | М |] _ | Tax File | Number | TFN Supplied | |
| Daytime phone number | Email Address (if applicable) brinkamie@hotmail.com | | | | | | | | |
| Section C: Rollover tr | ansaction | details | | | | | | | |
| Service period start date 02 | | 02 | /01/2004 | | | | | | |
| Tax components | | | | Pre | eservat | tion amoun | ts | | |
| Tax free component | | | 0 | Preserved amount | | | | | 10,000 |
| KiwiSaver tax free componen | iwiSaver tax free component | | 0 | KiwiSaver preserved amount | | | ınt | | 0 |
| Taxable component: | | | | Restricted non-preserved amount | | | amount | | 0 |
| Element taxed in the fund | | | 10,000 | Unrestricted non-preserved amou | | d amount | | 0 | |
| Element untaxed in the | fund | | 0 | | | | | | |
| Tax components TOTAL | | | 10,000 | Preservation a | | on amounts TOTAL | | | 10,000 |
| Section D: Non-comp | lving fund | | | | | | | | |
| _ | | 5 | | | \neg | | | | |
| Contributions made to a non- fund on or after 10 May 2006 | | | | | | | | | |
| ABN | | | | | | | | | |
| Your fund's name | | | | | | | | | |
| Contact name | | Email addre | ss if applicable | | | Phone r | number | | |
| Signature of authorised pers | son | | Date | | | | | | |
| Compass | | | inal of this form to cords and give a cop | | | | | | ayment. |

| Section E: Transferring fund | | | | | | | |
|--|----------------|-------------------------------|-------------|------------------|--|--|--|
| ABN | 70 732 426 024 | | | | | | |
| Your fund's name | MLC Super Fund | | | | | | |
| Contact name | Sam Wall Ema | il Address (if applicable) | Phone numbe | r 132 652 | | | |
| Carrier F. Bardanarian | | | | | | | |
| Section F: Declaration | | | | | | | |
| 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 section E. | | | | | | | |
| I declare that the information contained in the statement is true and correct. | | | | | | | |
| Name (BLOCK LETTERS) | | | | | | | |
| Name | Sam Wall | | | | | | |
| Trustee, director or authorised officer signature | | | | | | | |
| Confh | | | Date | 15 March 2022 | | | |