

Rollover benefits statement

Section A: Receiving fund

1 **Australian business number (ABN)**

2 **Fund name**

3 **Postal address**

Suburb/town/locality State/territory Postcode
Country if outside Australia

4 (a) **Unique Superannuation Identifier (USI)**
(b) **Member Client Identifier**

Section B: Member details

5 **Tax file number (TFN)**

6 **Full name**
Title
Family name
First given name Other given names

7 **Residential address**
Street address

Suburb/town/locality State/territory Postcode
Country if outside Australia

8 **Date of birth** Day/Month/Year

9 **Sex** Male Female

10 **Daytime phone number** (include area Code)

11 **Email address** (if applicable)

Section C: Rollover transaction details

	Day/Month/Year	
12	Service period start date	06/10/2003
13	Tax components:	
	Tax-free component	\$ 463.40
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 86,037.41
	Element untaxed in the fund	\$ 0.00
	TOTAL Tax components	\$ 86,500.81
14	Preservation amounts:	
	Preserved amount	\$ 86,500.81
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 0.00
	TOTAL Preservation amounts	\$ 86,500.81

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's ABN** 68 | 657 | 495 | 890

17 **Fund's name**
HOSTPLUS SUPERANNUATION FUND

18 **Contact name**

19 **Daytime phone number** (include area Code)

20 **Email address** (if applicable)

Section F: Declaration

AUTHORISED REPRESENTATIVE DECLARATION:

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the 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 provider to give the information in the statement to the ATO.

Name

JOE NEKIC

Authorised representative signature

JOE NEKIC

Date Day / Month / Year
24/01/2022