

# 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

12	Service period start date	Day/Month/Year 30/04/2011
13	Tax components:	
	Tax-free component	\$ 0.01
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 99,826.72
	Element untaxed in the fund	\$ 0.00
	<b>TOTAL Tax components</b>	<b>\$ 99,826.73</b>
14	Preservation amounts:	
	Preserved amount	\$ 38,628.72
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 61,198.01
	<b>TOTAL Preservation amounts</b>	<b>\$ 99,826.73</b>

## 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 65 | 714 | 394 | 898

17 Fund's name AustralianSuper

18 Contact name AustralianSuper Contact Centre

19 Daytime phone number (include area Code) 1300 300 273

20 Email address (if applicable) australiansuper.com/email

## 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

Day / Month / Year

Date

27/05/2021