

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN) 49 448 523 246

2 Fund name
BURGER SUPER FUND

3 Postal address
PO Box 6132

Suburb/town/locality COFFS HARBOUR PLAZA State/territory NSW Postcode 2450

Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier 468040497

Section B: Member details

5 Tax file number (TFN) 628 402 876

6 Full name
Title Mr
Family name Burger
First given name Stephen Other given names

7 Residential address
Street address 11 Toba Nook

Suburb/town/locality WANDINA State/territory WA Postcode 6530

Country if outside Australia

8 Date of birth 10/02/1961

9 Sex Male ☒ Female ☐

10 Daytime phone number (include area Code) 00

11 Email address (if applicable)
steveburger@westnet.com.au

Section C: Rollover transaction details

12	Service period start date	Day/Month/Year 13/01/2009
13	Tax components:	
	Tax-free component	\$ 0.00
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 56,351.65
	Element untaxed in the fund	\$ 0.00
	TOTAL Tax components	\$ 56,351.65
14	Preservation amounts:	
	Preserved amount	\$ 56,351.65
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 0.00
	TOTAL Preservation amounts	\$ 56,351.65

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	75 493 363 262
17	Fund's name	Construction and Building Union Superannuation
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

Day / Month / Year

Date

25/06/2018