

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**

19/12/1997

13 **Tax components:**

Tax-free component

\$ 20,000.00

KiwiSaver tax-free component

\$ 0.00

Taxable component:

Element taxed in the fund

\$ 77,038.42

Element untaxed in the fund

\$ 0.00

TOTAL Tax components \$ **97,038.42**

14 **Preservation amounts:**

Preserved amount

\$ 97,038.42

KiwiSaver preserved amount

\$ 0.00

Restricted non-preserved amount

\$ 0.00

Unrestricted non-preserved amount

\$ 0.00

TOTAL Preservation amounts \$ **97,038.42**

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)

email@australiansuper.com

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

23/03/2017