

Rollover benefits statement

Section A: Receiving fund

Australian business number (ABN)

151110937314

Fund name

PLRL Super Fund

Postal address

26 Reinhold Crescent

Suburb/town

Chermside

State/territory

QLD

Postcode

4032

Country if other than Australia

Unique superannuation identifier (USI)

Member client identifier

001

Section B: Member's details

Tax file number (TFN)

209575066

Full name

Title: Mr Mrs Miss Ms Other

Family name

Keen

First given name

Louise

Other given names

Diane

Residential address

26 Reinhold Cres

Suburb/town

Chermside

State/territory

QLD

Postcode

4032

Country if other than Australia

Date of birth

Day Month Year
02 November 1977

Sex

Male Female

Daytime phone number (include area code)

07 3178 0059

Email address (if applicable)

kac.02@bigpond.com

Section C: Rollover transaction details

		Day Month Year			
Service period start date			13 September 1996		
Tax components				Preservation amounts	
Tax-free component	\$	\$2.22		Preserved amount	\$ \$10,000.00
KiwiSaver Tax-free component	\$	\$0.00		KiwiSaver Preserved amount	\$ \$0.00
Taxable component:					
Element taxed in the fund	\$	\$9,997.78		Restricted non-preserved amount	\$ \$0.00
Element untaxed in the fund	\$	\$0.00		Unrestricted non-preserved amount	\$ \$0.00
Tax components TOTAL	\$	\$10,000.00		Preservation amounts TOTAL	\$ \$10,000.00

Section D: Non-complying funds

Contributions made to a non-complying fund on or after 10 May 2006

\$

Section E: Transferring fund

Fund ABN

Fund name

Contact name

Title:

Mr

Mrs

Miss

Ms

Other

Contact name

Daytime phone number (include country and area codes)

Email address (if applicable)

Section F: Declaration

AUTHORISED REPRESENTATIVE DECLARATION

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 (BLOCK LETTERS)

Authorised representative signature

Date

Day Month Year