

Rollover Benefits Statement

This form is to help superannuation funds, approved deposit funds, retirement savings account providers, life insurance companies and registered organisations to meet the Australian Tax Office prescribed minimum information requirements for rollover payments. If you have any queries in regards to this form please contact ClearView Solutions Centre on 132 977.

Section A: Receiving fund's details

COPY FOR ROLLOVER FUND

Name and address

VAN DIJK SUPERANNUATION PTY LTD ATF
 VAN DIJK SUPERANNUATION
 PO BOX 24
 CLEVELAND QLD 4163

Receiving fund's ABN

88561413030

Unique superannuation identifier (USI)

88561413030

Member client identifier

Section B: Member's details

Tax file number

402-593-753

Title

MRS

Family name

VAN DIJK

Given names

ANNA

Postal Address

16

Helena Street

Suburb/Town

WELLINGTON POINT

State

QLD

Postcode

4160

Daytime phone number

0421383611

Date of birth

13/09/1984

Sex

F

Email address

annavd84@gmail.com

Section C: Rollover transaction details

Service period start date

31/03/2002

Tax Components

Tax free component

\$ 0.00

Taxable component (Element taxed)

\$ 284.29

Taxable component (Element untaxed)

\$ 0.00

KiwiSaver tax-free component

\$ 0.00

Preservation Components

Preserved

\$ 284.29

Restricted non-preserved

\$ 0.00

Unrestricted non-preserved

\$ 0.00

KiwiSaver preserved amount

\$ 0.00

Gross amount A

\$ 284.29

Gross amount B

\$ 284.29

THESE AMOUNTS MUST BE THE SAME

Section D:Non-complying funds

This section does not apply

Section E:Transferring fund

ABN	ABN 45 828 721 007
Fund's name	CLEARVIEW RETIREMENT FUND
Contact name	SIMON SWANSON
Email address	CLEARVIEW.ENQUIRIES@CLEARVIEW.COM.AU
Phone number	132 977

Section F:Declaration

Signature of authorised person	SIMON SWANSON
Date	08/07/2019