

Rollover benefits statement

This form helps super funds, approved deposit funds, retirement saving account providers and life insurance companies to meet the minimum data standards for a rollover transaction.

Section A: Receiving fund

Bell Super Fund
PO Box 220
WOONONA NSW 2517

THIS FORM DOES NOT HAVE TO BE
INCLUDED IN A TAX RETURN

ABN 42 079 789 080

USI

Member client
identifier

001

Section B: Member's details

Title Mr Family name Bell

Given names Steven John

Residential
address 100 Gungah Bay Road

Suburb OATLEY State NSW Postcode 2223

Country

Phone number

Email address

Date of birth

23/01/1954

Sex(M/F)

M

Tax file number

119553258

Section C: Rollover transaction details

Service period start date 19/02/1979

Tax components

Tax free component \$7,102.22

KiwiSaver tax
free component

Taxable component

Element taxed \$10,957.02

Element untaxed \$0.00

Preservation amounts

Preserved amount \$0.00

KiwiSaver
preserved amount

Restricted
non-preserved \$0.00

Unrestricted
non-preserved \$18,059.24

Tax components TOTAL

\$18,059.24

Preservation amounts TOTAL

\$18,059.24

These amounts must be the same

Section D: Non-complying funds

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

Section E: Transferring fund

ABN

Fund name

Contact name

Phone number

Email address

Section F: 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

Authorised representative signature

Date