

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 68 194-277-318
Fund Name : CREELATER SUPER FUND
Postal Address : PO BOX 165
Suburb/town/locality : VIRGINIA BC
State/territory : QLD
Postcode : 4014
Country :
(a) Unique superannuation identifier :
(b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 179 624 836
Full Name :
Title : Mr
Family Name : CREE
First Given Name : Geoffrey
Other Given Name(s) : Warren
Residential Address : 15 BROWN STREET
Suburb/town/locality : BARDON
State/territory : QLD
Postcode : 4065
Country :
Date of Birth : 12 / 04 / 1972
Sex : Male
Daytime phone number :
Email address (if applicable) : geoffcree@hotmail.com

SECTION C: Rollover Transaction Details

Service period start date : 08 / 02 / 1993

Tax Components

Tax-free component	\$	13,422.30
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	263,077.70
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 276,500.00

Preservation amounts

Preserved amount	\$	263,577.71
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	12,922.29

Preservation amounts TOTAL \$ 276,500.00

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 60 905 115 063
Fund name : QSUPER ACCUMULATION ACCOUNT
Contact name : MEMBER SERVICES
Daytime phone number : 1300360750
Email address : QSUPER.ATOREPORTING@QSUPER.

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 : NEIL SHEPPARD

Authorised representative signature : NEIL SHEPPARD

Date: 03 April 2019

Tax agent number (if you are a registered tax agent)

Where to send this form

Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 68 194-277-318
 Fund Name : CREELATER SUPER FUND
 Postal Address : PO BOX 165
 Suburb/town/locality : VIRGINIA BC
 State/territory : QLD
 Postcode : 4014
 Country :
 (a) Unique superannuation identifier :
 (b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 179 624 836
 Full Name :
 Title : Mr
 Family Name : CREE
 First Given Name : Geoffrey
 Other Given Name(s) : Warren
 Residential Address : 15 BROWN STREET
 Suburb/town/locality : BARDON
 State/territory : QLD
 Postcode : 4065
 Country :
 Date of Birth : 12 / 04 / 1972
 Sex : Male
 Daytime phone number :
 Email address (if applicable) : geoffcree@hotmail.com

SECTION C: Rollover Transaction Details

Service period start date : 08 / 02 / 1993

Tax Components

Tax-free component	\$	1,681.48
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	33,318.52
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 35,000.00

Preservation amounts

Preserved amount	\$	35,000.00
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$ 35,000.00

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 60 905 115 063
Fund name : QSUPER ACCUMULATION ACCOUNT
Contact name : MEMBER SERVICES
Daytime phone number : 1300360750
Email address : QSUPER.ATOREPORTING@QSUPER.

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 : NEIL SHEPPARD

Authorised representative signature : NEIL SHEPPARD

Date: 27 May 2019

Tax agent number (if you are a registered tax agent)

Where to send this form

Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 68 194-277-318
 Fund Name : CREELATER SUPER FUND
 Postal Address : PO BOX 165
 Suburb/town/locality : VIRGINIA BC
 State/territory : QLD
 Postcode : 4014
 Country :
 (a) Unique superannuation identifier :
 (b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 179 624 836
 Full Name :
 Title : Mr
 Family Name : CREE
 First Given Name : Geoffrey
 Other Given Name(s) : Warren
 Residential Address : 15 BROWN STREET
 Suburb/town/locality : BARDON
 State/territory : QLD
 Postcode : 4065
 Country :
 Date of Birth : 12 / 04 / 1972
 Sex : Male
 Daytime phone number :
 Email address (if applicable) : geoffcree@hotmail.com

SECTION C: Rollover Transaction Details

Service period start date 08 / 02 / 1993

Tax Components

Tax-free component	\$	1,208.19
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	23,791.81
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 25,000.00

Preservation amounts

Preserved amount	\$	25,000.00
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$ 25,000.00

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 60 905 115 063
Fund name : QSUPER ACCUMULATION ACCOUNT
Contact name : MEMBER SERVICES
Daytime phone number : 1300360750
Email address : QSUPER.ATOREPORTING@QSUPER.

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 : NEIL SHEPPARD

Authorised representative signature : NEIL SHEPPARD

Date: 23 April 2019

Tax agent number (if you are a registered tax agent)

Where to send this form

Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

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- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 68 194-277-318
Fund Name : CREELATER SUPER FUND
Postal Address : PO BOX 165
Suburb/town/locality : VIRGINIA BC
State/territory : QLD
Postcode : 4014
Country :
(a) Unique superannuation identifier :
(b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 172 805 653
Full Name :
Title : Ms
Family Name : LINKLATER
First Given Name : Holli-Rebecca
Other Given Name(s) :
Residential Address : 15 BROWN STREET
Suburb/town/locality : BARDON
State/territory : QLD
Postcode : 4065
Country :
Date of Birth : 17 / 01 / 1974
Sex : Female
Daytime phone number : 0336106111
Email address (if applicable) : hollilinklater@hotmail.com

SECTION C: Rollover Transaction Details

Service period start date : 01 / 04 / 1994

Tax Components

Tax-free component	\$	4,450.13
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	272,049.87
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 276,500.00

Preservation amounts

Preserved amount	\$	276,500.00
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$ 276,500.00

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 60 905 115 063
Fund name : QSUPER ACCUMULATION ACCOUNT
Contact name : MEMBER SERVICES
Daytime phone number : 1300360750
Email address : QSUPER.ATOREPORTING@QSUPER.

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 : NEIL SHEPPARD

Authorised representative signature : NEIL SHEPPARD

Date: 04 April 2019

Tax agent number (if you are a registered tax agent)

Where to send this form

Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.