

# 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) : 69 586-564-837  
Fund Name : WEDDELL SUPERANNUATION FUND  
Postal Address : 10 WITTACOMBE ST  
Suburb/town/locality : CHERMSIDE WEST  
State/territory : QLD  
Postcode : 4032  
Country :  
(a) Unique superannuation identifier :  
(b) Member client identifier :

## SECTION B: Member's Details

Tax File Number(TFN) : 481 486 340  
Full Name :  
Title : Mr  
Family Name : WEDDELL  
First Given Name : Paul  
Other Given Name(s) : John  
Residential Address : 10 WITTACOMBE STREET  
:  
Suburb/town/locality : CHERMSIDE WEST  
State/territory : QLD  
Postcode : 4032  
Country :  
Date of Birth : 18 / 12 / 1952  
Sex : Male  
Daytime phone number : 0733590433  
Email address (if applicable) : pjweddell@dodo.com.au

## SECTION C: Rollover Transaction Details

Service period start date 06 / 04 / 1992

### Tax Components

Tax-free component	\$	2,000.00
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	34,242.09
Element untaxed in the fund	\$	0.00

**Tax components TOTAL** \$ 36,242.09

### Preservation amounts

Preserved amount	\$	0.00
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	36,242.09

**Preservation amounts TOTAL** \$ 36,242.09

## 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: 22 March 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.

## JOURNAL SHEET

Client: WEDDELL SUPER FUND

Date: 30/6/19

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