

**LATENDRESSE FAMILY SUPER FUND**  
**LUMP SUM/RBS ROLLIN POSTING REPORT AT 17 JULY 2019**

**Member Details**

Member Name            Eyre, Camilla  
 Rollin Date             17/07/2019

Benefit Payment Data	Preserved	Res Non Pres	Unres Non Pres
Tax Free			
Taxable            - taxed element	2,216.28		
- untaxed element			
KiwiSaver Tax Free			
<b>Total</b>			<b>2,216.28</b>

**Journal Entry \***

This Journal Entry assumes the consideration received has been posted to the Lump Sum Clearing Account (A/c: 492)

Account Description	Account	Debit	Credit
Lump Sum Clearing Account	492	2,216.28	
Pres/Taxable	285/002		2,216.28

18 July 2019



**STR\_05**  
LATENDRESSE FAMILY SUPER FUND  
C/- CLARKE MCEWAN  
PO BOX 491  
COTTON TREE QLD 4558

Dear Sir/Madam

## **SuperTrace Eligible Rollover Fund**

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**Member Number:** 00310221  
**Member Name:** CAMILLA EYRE

Following the above member's request to rollover to your fund, we have credited **\$2,216.28** to your nominated bank account.

Please find enclosed **A Rollover benefits statement**.

If you have any questions please contact us on 1300 788 750 between 8.30 am and 6 pm (Sydney time), Monday to Friday.

Yours sincerely,  
Customer Service Team  
The Colonial Mutual Life Assurance Society Limited  
On behalf of the Trustee

**Section A: Receiving fund**

Name and Postal Address

LATENDRESSE FAMILY SUPER FUND  
 C/- CLARKE MCEWAN  
 PO BOX 491  
 COTTON TREE QLD 4558

Australian Business Number (ABN)

59 747 909 001

Unique Superannuation Identifier (USI)

Member client identifier

1

**Section B: Member's details**

Tax File Number (TFN)

157086991

Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

EYRE

First given name

CAMILLA

Other given names

Residential Address

Street address

5 OCEANIC CT

Suburb/town/locality

TWIN WATERS

State/Territory

QLD

Postcode

4564

Country if other than Australia

Date of birth

Day: 12 / Month: 05 / Year: 1970

Sex

Male  Female

Daytime phone number (include area code)

Email address (if applicable)

**Section C: Rollover transaction details**

Service period start date

Day: 14 / Month: 01 / Year: 1997

Tax components:

Tax-free component	\$	0.00
KiwiSaver tax-free component	\$	0.00
Taxable component:		
Element taxed in the fund	\$	2,216.28
Element untaxed in the fund	\$	0.00
<b>TOTAL</b>	<b>\$</b>	<b>2,216.28</b>

Preservation Amounts:

Preserved amount	\$	2,216.28
KiwiSaver preserved	\$	0.00
Restricted non-preserved	\$	0.00
Unrestricted non-preserved	\$	0.00
<b>TOTAL</b>	<b>\$</b>	<b>2,216.28</b>

### Section D: Non-complying funds

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

\$

### Section E: Transferring Fund

Fund's ABN

Fund's name

Contact name

Email address(if applicable)

Daytime phone number  
(include area code)

### 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.

Contact name

Authorised representative signature

Date  /  /