



# Death benefit rollover statement

## Completing your statement

**!** Only use this form for the rollover of a death benefit for an eligible dependant beneficiary in relation to a deceased member on or after 1 July 2017.

If you need to correct an error regarding a payment made between 1 July 2013 and 30 June 2017, use NAT 70944-**03.2013**

If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-**05.2007**.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and you pay a death benefit rollover to another fund or RSA.

**!** You (transferring fund) must provide this form to the receiving fund within a certain time of paying the rollover death benefit. For the purposes of this form, you can transmit the member's or beneficiary's details, including TFNs: *Superannuation Industry (Supervision) Act 1993*, *Income Tax Assessment Act 1997* and *Taxation Administration Act 1953*. For more information about privacy of the information being transmitted please contact the entity you are providing this form to.

**!** You must provide your member or beneficiary with a statement using this form (or a similar form you create that includes the same information) for **all** death benefit rollovers within 30 days of paying the rollover, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

## Completing your statement

If you are filling in this form by hand:

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

**!** Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

## Section A: Receiving fund

**1 Australian business number (ABN)**

**2 Fund name**

Macquarie Superannuation Plan

**3 Postal address**

Street address

GPO Box 4045

Suburb/town/locality

Sydney

Country if other than Australia

State/territory

(Australia only)

Postcode

(Australia only)

**4 (a) Unique superannuation identifier (USI)**

**(b) Member client identifier**

## Section B: Member's or beneficiary's details

5 Tax file number (TFN) 1 8 6 8 9 0 2 2 6

6 Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

Grass

First given name

Patricia

Other given names

Ann

7 Residential address

Street address

25 Armadale Street

Suburb/town/locality

St Lucia

State/territory

Q L D  
(Australia only)

Postcode

4 0 6 7  
(Australia only)

Country if other than Australia

8 Date of birth Day Month Year  
0 8 / 0 1 / 1 9 5 4

9 Daytime phone number (include area code)

10 Email address (if applicable)

## Section C: Death benefit rollover transaction details

! Include dollars and cents. The totals at item 16 and 17 must both equal the amount of the rollover payment.

11 Income stream taxation indicator P

12 TFN of deceased member 1 4 3 9 8 3 5 9 0

13 Full name of deceased member

Title: Mr  Mrs  Miss  Ms  Other

Family name

Grass

First given name

Heinz

Other given names

14 Date of birth of deceased member Day Month Year  
2 7 / 0 9 / 1 9 3 8

15 Service period start date Day Month Year  
1 4 / 0 3 / 2 0 0 2

## 16 Tax components

Tax-free component	\$	143,541.36
KiwiSaver tax-free component	\$	
Taxable component:		
Element taxed in the fund	\$	582,592.35
Element untaxed in the fund	\$	
<b>Tax components TOTAL</b>	\$	726,132.71

**!** Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's or beneficiary's full interest in your superannuation fund.

## 17 Preservation amounts

Preserved amount	\$	
KiwiSaver preserved amount	\$	
Restricted non-preserved amount	\$	
Unrestricted non-preserved amount	\$	726,132.71
<b>Preservation amounts TOTAL</b>	\$	726,132.71

**!** If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

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## Section D: Dependent child death benefit rollover details

**!** Only complete for the rollover of a death benefit of an eligible beneficiary who is a dependent child of a deceased member if the:

- income stream is not a reversionary death benefit income stream and the
- transferring fund has not started paying the death benefit income stream to the child.

## 18 Value of interest at member's death

Retirement phase	\$	
Accumulation phase	\$	
<b>% share of above for this beneficiary</b>		%

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## Section E: Transferring fund

19 **Fund's ABN**

## 20 Fund name

Grass Family Superannuation Fund

## 21 Contact name

Title: Mr  Mrs  Miss  Ms  Other

Family name

Grass

First given name

Patricia

Other given names

Ann

22 **Daytime phone number** (include area code)

23 **Email address** (if applicable)

## Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

- Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

### Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

*I declare that the information given on this application, including any attachments, is accurate and complete.*

Name (BLOCK LETTERS)

Patricia Grass

Trustee, director or authorised officer signature



PATRICIA GRASS (Jul 7, 2023 10:57 GMT+10)

Date

Day Month Year  
Jul 7, 2023

OR

### 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 (BLOCK LETTERS)

Authorised representative signature

Date

Day Month Year  
/ /

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 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 five years.

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

- comply with the data standard requirements 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 five years.

# Death Benefit Rollover statement

Final Audit Report

2023-07-07

Created:	2023-07-06
By:	Racquel Fraser (advice@finprof.com.au)
Status:	Signed
Transaction ID:	CBJCHBCAABAAuVM5AVcT7PdMayFLMA0g5twgY-LywZjD

## "Death Benefit Rollover statement" History

-  Document created by Racquel Fraser (advice@finprof.com.au)  
2023-07-06 - 10:36:11 PM GMT- IP address: 124.177.225.144
-  Document emailed to pagrass@gmail.com for signature  
2023-07-06 - 10:39:18 PM GMT
-  Email viewed by pagrass@gmail.com  
2023-07-06 - 11:02:32 PM GMT- IP address: 66.249.84.203
-  Signer pagrass@gmail.com entered name at signing as PATRICIA GRASS  
2023-07-07 - 0:57:51 AM GMT- IP address: 49.197.48.190
-  Document e-signed by PATRICIA GRASS (pagrass@gmail.com)  
Signature Date: 2023-07-07 - 0:57:53 AM GMT - Time Source: server- IP address: 49.197.48.190
-  Agreement completed.  
2023-07-07 - 0:57:53 AM GMT