Rollover benefits statement

WHEN TO USE THIS STATEMENT

Only use this version of the form for transactions occurring on or after 1 July 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 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).

You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

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's details

1	Australian	business	number	(ABN)
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65 508 799 106

2 Fund name

Macquarie Superannuation Plan

3 Postal address

Street address			
25 Armadale Street			
Suburb/town/locality		State/territory	Postcode
St Lucia		QLD	4067
Country if outside Australia			
AUS			
4			
(a) Member client identifier	802489771		
(b) Unique superannuation identifier (USI)	65508799106172		
Section B: Member's details			

Tax file number (TFN) 5

Date of birth

8/01/1954

8

186890226 6 Full name Title Mrs Family name Grass First given name Other given names Patricia Ann 7 **Residential address** Street address 25 Armadale Street Suburb/town/locality State/territory Postcode St Lucia QLD 4067 Country if outside Australia

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9	Sex	Female		
10	Daytime phone	number (include area code)	0733719484	
11	Email address	(if applicable)		
Se	ection C: Rolle	over transaction detai	S	
(Include dollars a	nd cents. The totals at item 13 ar	d 14 must both equal the amount of the	rollover payment.
12	Service period	start date		14/03/2002
13	Tax componer	nts		
	Tax-free componer	ıt		\$1,000,239.90
	KiwiSaver tax-free	component		\$0.00
	Taxable componen	t:		
	Element ta	axed in the fund		\$279,759.85
	Element u	intaxed in the fund		\$0.00
		Тах со	mponents TOTAL	\$1,279,999.75
	Make sure you interest in your sup		e tax components if you are not rolling ov	er the member's full
14	Preservation a	mounts		
	Preserved amount			\$0.00
	KiwiSaver preserve	ed amount		\$0.00
	Restricted non-pres	served amount		\$0.00

Unrestricted non-preserved amount

Preservation components TOTAL	

\$1,279,999.75

\$1,279,999.75

() 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.

Section D: Non-complying funds

Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

57 573 664 405

17 Fund name

Gra	ass Family Superannuation Fund	
18	Contact name	
Title	Mrs	
Fami	ily name	
Gra	ass	
First given name		Other given names
Patricia		Ann
19	Daytime phone number (include area code)	0403352274
20	Email address (if applicable)	
<u> </u>	O	

pagrass@gmail.com

Section F: Declaration

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

Defore 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 the section above.

I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

Patricia Grass

Trustee, director or authorised officer signature

ans PATRICIA GRASS (Jul 7, 2023 10:53 GMT+10)

Date		
Day	Month	Year
Jul 7, 20	1/23	/

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 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

OR

Grass, P - RBS - \$1,279,999.75

Final Audit Report

2023-07-07

Created:	2023-07-06
Ву:	Racquel Fraser (advice@finprof.com.au)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAM_wfSaEAK2pPfGPU1phkFjvEDFLusJB

"Grass, P - RBS - \$1,279,999.75" History

- Document created by Racquel Fraser (advice@finprof.com.au) 2023-07-06 10:42:13 PM GMT- IP address: 124.177.225.144
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- Signer pagrass@gmail.com entered name at signing as PATRICIA GRASS 2023-07-07 - 0:53:53 AM GMT- IP address: 49.197.48.190
- Document e-signed by PATRICIA GRASS (pagrass@gmail.com) Signature Date: 2023-07-07 - 0:53:55 AM GMT - Time Source: server- IP address: 49.197.48.190
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