# **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	802489779		
(b) Unique superannuation identifier (USI)	65508799106173		
Section B: Member's details		7	

5	Tax file number (TFN)	186890226			
6	Full name				
Title	Mrs				
Fam	ily name				
Gra	ass				
First	given name		Other given names		
Pa	tricia		Ann		
7	Residential address				
Stre	eet address				
25	Armadale Street				
Sub	urb/town/locality			State/territory	Postcode
St Lucia				QLD	4067
Cou	ntry if outside Australia				
8	Date of birth 8/01/1954	ŀ			

9	Sex	Female				
10	Daytime phone	number (include area code)	0733719484			
11	1 Email address (if applicable)					
Se	ction C: Roll	over transaction details				
	Include dollars a	nd cents. The totals at item 13 and 1	4 must both equal	the amount of the rollover payment.		
12	Service period	l start date		14/03/2002		
13	Tax componer	nts				
Tax-free component				\$855,452.17		
KiwiSaver tax-free component				\$0.00		
	Taxable componen	t:				
	Element ta	axed in the fund		\$150,430.55		
	Element u	intaxed in the fund		\$0.00		
		Tax comp	onents TOTAL	\$1,005,882	2.72	
	Make sure you nterest in your sup		x components if yo	u are not rolling over the member's full		
14	Preservation a	mounts				
Preserved amount \$0.00						
KiwiSaver preserved amount \$0.00						
Restricted non-preserved amount \$0.00						
Unrestricted non-preserved amount				\$1.005.882.72		

Preservation components TOTAL

\$1,005,882.72

**(**) 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	ss Family Superannuation Fund	
18	Contact name	
Title	Mrs	
Fami	ly name	
Gra	ss	
First given name		Other given names
Patricia		Ann
19	Daytime phone number (include area code)	0403352274
20	Email address (if applicable)	

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.

Year

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

#### Name (BLOCK LETTERS)

Patricia Grass

#### Trustee, director or authorised officer signature

NOD. Date Day Month PATRICIA GRASS (Jul 7, 2023 10:52 GMT+10) Jul 7 2023

#### 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 - \$1,005,882.72

Final Audit Report

2023-07-07

Created:	2023-07-06
By:	Racquel Fraser (advice@finprof.com.au)
Status:	Signed
Transaction ID:	CBJCHBCAABAAOrriAJ_EYZiSQDGPlfpZutbFJMSby9WG

# "Grass, P - RBS - \$1,005,882.72" History

- Document created by Racquel Fraser (advice@finprof.com.au) 2023-07-06 10:43:32 PM GMT- IP address: 124.177.225.144
- Document emailed to pagrass@gmail.com for signature 2023-07-06 - 10:43:47 PM GMT
- Email viewed by pagrass@gmail.com 2023-07-07 - 0:50:04 AM GMT- IP address: 66.249.84.200
- Signer pagrass@gmail.com entered name at signing as PATRICIA GRASS 2023-07-07 - 0:52:28 AM GMT- IP address: 49.197.48.190
- Document e-signed by PATRICIA GRASS (pagrass@gmail.com) Signature Date: 2023-07-07 - 0:52:30 AM GMT - Time Source: server- IP address: 49.197.48.190
- Agreement completed. 2023-07-07 - 0:52:30 AM GMT