Rollover benefits statement

Se	ction A: Receiving fund		
1	Australian business number (ABN) 91 397	834 358	
2	Fund Name		
	Yarram Group Smsf		
3	Postal address	, s	
	84 FIGTREE BLVD		
	Suburb/town/locality	_ State/territory	Postcode
	WADALBA	NSW	2259
	Country if other than Australia		
			200
	(a) Unique Superannuation Identifier (USI)		
	(b) Member Client Identifier	02	
	Title Mrs Family name Harvey First given name Other given names Kiara Gay Residential address 149 SCENIC DRIVE		
	Suburb/town/locality	State/territory	Postcode
	BUDGEWOI	NSW	2262
	Country if other than Australia		
0	Day/Month/Year Date of birth 30 / 08 / 1987 Sex Male Female X Daytime phone number (include area code)		
11	Email address (if applicable)		M
	kiaraharvey9989@gmail.com		

12	Day/Month/Year				
	Service period start date 01 / 01 / 20				
13	Tax components:				
	Tax-free component	\$ 0.	.00		
	KiwiSaver tax-free component	\$ 0.	.00		
	Taxable component:	Ľ			
	Element taxed in the fund	\$ 66,545.	.19		
	Element untaxed in the fund		.00		
		TOTAL Tax compone		66,545.19	
14	Preservation amounts:			, , , , , , , , , , , , , , , , , , , ,	
	Preserved amount	\$ 66,545	.19		
	KiwiSaver preserved amount	\$ 0	.00		
	Restricted non-preserved amount		.00		
	*				
	Unrestricted non-preserved amount	\$ 0	.00		
		TOTAL Preservation Amou	ints \$	66,545.19	
16 17	Fund's ABN 62 653 671 394 Fund's name				
18 19	Retail Employees Superannuation Trust Contact name Mark Aarons Daytime phone number (include area Code)	1300 300 778		-	
	Contact name Mark Aarons	1300 300 778			
19 20	Contact name Mark Aarons Daytime phone number (include area Code)	1300 300 778			
19 20	Contact name Mark Aarons Daytime phone number (include area Code) Email address (if applicable) Ection F: Declaration AUTHORISED REPRESENTATIVE DE Complete this declaration if you are an authorise section E. I declare that: I have prepared the statement with the I have received a declaration made by the preparation of this statement is true I am authorised by the superannuation Name	ECLARATION: ed representative of the s information supplied b the superannuation pro	y the superal ovider that the	nnuation provide information p	ler rovided to me for
19 20	Contact name Mark Aarons Daytime phone number (include area Code) Email address (if applicable) Ection F: Declaration AUTHORISED REPRESENTATIVE DE Complete this declaration if you are an authorise section E. I declare that: I have prepared the statement with the I have received a declaration made by the preparation of this statement is true I am authorised by the superannuation Name JOE NEKIC	ECLARATION: ed representative of the s information supplied b the superannuation pro	y the superal ovider that the	nnuation provide information p	ler rovided to me for
19 20	Contact name Mark Aarons Daytime phone number (include area Code) Email address (if applicable) Ection F: Declaration AUTHORISED REPRESENTATIVE DE Complete this declaration if you are an authorise section E. I declare that: I have prepared the statement with the I have received a declaration made by the preparation of this statement is true I am authorised by the superannuation Name	ECLARATION: ed representative of the s information supplied b the superannuation pro	y the superal ovider that the	nnuation provide information p	ler rovided to me for



ե<u>|||||||||||||||||</u>

MR DANIEL HARRISON 84 FIGTREE BLVD WADALBA NSW 2259 O21 Statement period

Tax file number

Date of issue

Statement number

Our reference

27 JUL 15 to 01 NOV 16

951 953 462

04 NOV 16

3

7104739063541

Account enquiries: 13 10 20 Internet: www.ato.gov.au

Statement of account

This statement has been issued to provide account information in relation to THE TRUSTEE FOR YARRAM GROUP SMSF, Superannuation account.

		nuation - Co-Contributions Remittance actions for the period 27 JUL 15 to 01 NOV 16 (inclusive)			
Process dat	e Effective dat	e Description of transaction	Debit \$	Credit \$	Balance \$
27 JUL 15		STATEMENT OPENING BALANCE			0.00
01 NOV 16	30 JUL 15	Credit allowed for stale refund cheque		361.95	361.95 CR
01 NOV 16	04 NOV 16	Cheque refund for Co-Contributions Remittance for the period from 01 May 15 to 31 Dec 99	361.95		0.00
01 NOV 16		STATEMENT CLOSING BALANCE			0.00

Your Co-Contributions Remittance refund of \$361.95 is provided in the attached cheque.

Robert Ravanello Deputy Commissioner of Taxation

Please see over for important information about your statement



ABN

A-10

Rollover benefits statement

Se	ction A: Receiving fund				
1	Australian business number (ABN)	91 397 834 358			
2	Fund Name				
	Yarram Group Smsf				
3	3 Postal address				
	84 FIGTREE BLVD				
	Suburb/town/locality	State/territory	Postcode		
	WADALBA	NSW	2259		
	Country if other than Australia				
4					
4	(a) Unique Superannuation Identifier (USI)				
0	(b) Member Client Identifier	02			
Se	ction B: Member's details				
		670			
5		670			
6	Full name Title Ms				
	Family name				
	Murray				
	First given name Other given names				
	Lyn				
7	Residential address				
	PO Box 38				
	Suburb/town/locality	State/territory	Postcode		
	WYONG	NSW	2259		
	Country if other than Australia				
	Day/Month/Year				
	8 Date of birth 31 / 05 / 1952				
9	Sex Male Female X				
10	10 Daytime phone number (include area code)				
11					
	yarrum@dodo.com.au				

Se	ction C: Rollover transaction detail	s		
	Day/Month/Year		, ,	
12	Service period start date 08 / 10 / 2007			
13	Tax components:		7	
	Tax-free component	\$ 753.71		
	KiwiSaver tax-free component	\$ 0.00		
	Taxable component:			
	Element taxed in the fund	\$ 0.00		
	Element untaxed in the fund	\$ 0.00		,
		TOTAL Tax components	\$ 753.71	
14	Preservation amounts:			
	Preserved amount	\$ 0.00		
	KiwiSaver preserved amount	\$ 0.00		
	Restricted non-preserved amount	\$ 0.00		
	Unrestricted non-preserved amount	\$ 753.71		
	тот	TAL Preservation Amounts	\$ 753.71	
16 17 18	Fund's ABN 62 653 671 394 Fund's name Retail Employees Superannuation Trust Contact name Mark Aarons Daytime phone number (include area Code) 1300 300 778			
20	Email address (if applicable)	, v.	3	9
		4.4.		
Se	AUTHORISED REPRESENTATIVE DEC Complete this declaration if you are an authorised a section E. I declare that: I have prepared the statement with the infactor of this statement is true as an authorised by the superannuation property. I am authorised by the superannuation property. Name JOE NEKIC Authorised representative signature JOE NEKIC	representative of the super formation supplied by the superannuation provided and correct	ne superannuation prov der that the information	vider provided to me for
			Date	03 / 08 / 2016