



**Mine Super**

Locked Bag 2020 Newcastle NSW 2300

t 13 MINE (13 64 63) | f 02 4962 3469

e help@mine.com.au | mine.com.au

17 November 2020



Mr Luke Lethbridge

4 Kural Cres

FLETCHER NSW 2287

**We've processed your withdrawal from your account**

Your member number: 92664

Your account number: 10234920

Dear Luke

You recently asked to withdraw money from your super account.

We've completed this withdrawal for you and transferred \$28,951.09 to The Trustee for Lethbridge Family Super Fund.

Enclosed is a Rollover Benefits Statement.

If you have any questions or need help call us on 13 64 63, Monday to Friday, 8am to 6pm or email help@mine.com.au

**The Mine Super Team**



OFFICE USE ONLY



# Rollover benefits statement

## Section A: Receiving fund's details

### 1 Name and 2 Postal Address

The Trustee for Lethbridge Family Super Fund  
PO Box 831  
NEWCASTLE NSW 2300

### 3 Australian business number (ABN)

46530033057

### 4a Unique Superannuation Identifier (USI)

16457520308001

### 4b Member client identifier

---

## Section B: Member's details

### 5 Tax file number (TFN)

### 6 Full name

Title

Family name

Lethbridge

First given name

Luke

Other given names

James

### 7 Residential address

Street address

4 Kural Cres,

Suburb/town/locality

FLETCHER

State/territory

NSW

Postcode

2287

Country

AU

### 8 Date of birth

Day/Month/Year

29/09/1980

### 9 Sex

M

### 10 Daytime phone number

0421 454 190

### 11 Email address

lukelethbridge@yahoo.com.au

## Section C: Rollover transaction details

	Day/Month/Year	
<b>12 Service period start date</b>	<input type="text" value="01/10/1999"/>	
<b>13 Tax components</b>		
Tax-free component	<input type="text" value="0.00"/>	
KiwiSaver Tax-free component	<input type="text" value="0"/>	
Taxable component:		
Element taxed in the fund	<input type="text" value="28951.09"/>	
Element untaxed in the fund	<input type="text" value="0.00"/>	
	TOTAL Tax Components	<input type="text" value="28951.09"/>
<b>14 Preservation amounts</b>		
Preserved amount	<input type="text" value="28951.09"/>	
KiwiSaver preserved amount	<input type="text" value="0"/>	
Restricted non-preserved amount	<input type="text" value="0.00"/>	
Unrestricted non-preserved amount	<input type="text" value="0.00"/>	
	TOTAL Preservation Amounts	<input type="text" value="28951.09"/>

## Section D: Non-complying funds

### 15 Contributions made to a non-complying fund

on or after 10 May 2006

## Section E: Transferring fund

<b>16 Fund's ABN</b>	<input type="text" value="16457520308"/>
<b>17 Fund's name</b>	<input type="text" value="Mine Superannuation Fund"/>
<b>18 Contact name</b>	
Title	<input type="text"/>
Family name	<input type="text" value="Davies"/>
First given name	<input type="text" value="Melissa"/>
Other given names	<input type="text"/>
<b>19 Email address</b>	<input type="text" value="melissa.davies@mine.com.au"/>
<b>20 Daytime phone number</b>	<input type="text" value="+61 2 4948 3333"/>

## Section F: Declaration

Complete the declarations that apply 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 contained in the statement is true and correct.

**Name (BLOCK LETTERS)**

Melissa Davies

**Trustee, director or authorised officer signature**



**Date**

Day/Month/Year

13/11/2020

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)**

**Trustee, director or authorised officer signature**

**Date**

Day/Month/Year

Tax Agent number

