

## Rollover benefits statement

### Section A: Receiving fund

- 1 Australian business number (ABN) 77 803 077 004
- 2 Fund Name Kokaev Super Fund
- 3 Postal address 242 BIDGES RD
- Suburb/town/locality SUTTON State/territory NSW Postcode 2620
- Country if other than Australia
- 4 (a) Unique Superannuation Identifier (USI)
- (b) Member Client Identifier 02

### Section B: Member's details

- 5 Tax file number (TFN) 370 | 820 | 269
- 6 Full name
- Title Ms
- Family name Kokaev
- First given name Kellie Other given names
- 7 Residential address 242 Bidges Road
- Suburb/town/locality SUTTON State/territory NSW Postcode 2620
- Country if other than Australia
- 8 Date of birth 14 / 08 / 1977
- 9 Sex Male ☐ Female ☒
- 10 Daytime phone number (include area code)
- 11 Email address (if applicable) benkellie1@gmail.com

## Section C: Rollover transaction details

Day/Month/Year

12 Service period start date

06 / 11 / 1995

13 Tax components:

Tax-free component

\$ 1,767.03

KiwiSaver tax-free component

\$ 0.00

Taxable component:

Element taxed in the fund

\$ 42,258.17

Element untaxed in the fund

\$ 0.00

**TOTAL Tax components \$ 44,025.20**

14 Preservation amounts:

Preserved amount

\$ 44,025.20

KiwiSaver preserved amount

\$ 0.00

Restricted non-preserved amount

\$ 0.00

Unrestricted non-preserved amount

\$ 0.00

**TOTAL Preservation Amounts \$ 44,025.20**

## Section D: Non-complying funds

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

\$ 0.00

## Section E: Transferring fund

16 Fund's ABN

62 | 653 | 671 | 394

17 Fund's name

Retail Employees Superannuation Trust

18 Contact name

Retail Employees Superannuation Trust Contact Centre

19 Daytime phone number (include area Code)

1300 300 778

20 Email address (if applicable)

## Section F: Declaration

### 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

JOE NEKIC

Authorised representative signature

JOE NEKIC

Day / Month / Year

Date

10 / 09 / 2019