

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN)

2 Fund Name

3 Postal address

Suburb/town/locality State/territory Postcode
Country if other than Australia

4 (a) Unique Superannuation Identifier (USI)
(b) Member Client Identifier

Section B: Member's details

5 Tax file number (TFN)

6 Full name
Title
Family name
First given name Other given names

7 Residential address

Suburb/town/locality State/territory Postcode
Country if other than Australia

8 Date of birth Day/Month/Year

9 Sex Male Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

12	Service period start date	Day/Month/Year	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
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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