

Rollover benefits statement

When to use this statement

- ❗ Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for 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 other than a death benefit rollover 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

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) PROVIDED

6 Full name

Title: MR

Family name

GREEN

First given name

PETER

Other given names

7 Residential address

49 SCHIRRMANN DRIVE

Suburb/town/locality

MAROOCHYDORE

State/territory

QLD

Postcode

4558

Country if other than Australia

8 Date of birth PROVIDED

9 Sex MALE

10 Daytime phone number (include area code)

0733609600

11 Email address (if applicable)

Section C: Rollover transaction details

! Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date 14 MAY 1992

13 Tax components

Tax-free component \$ 118.67

KiwiSaver tax-free component \$

Taxable component:

Element taxed in the fund \$ 552990.33

Element untaxed in the fund \$

Tax components TOTAL \$ 553109.00

! Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount \$

KiwiSaver preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$

❗ 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

17 Fund name

18 Contact name

Title:

Family name

First given name

Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies 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

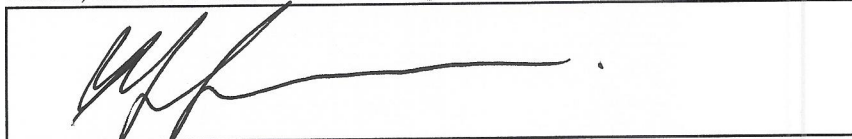
Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

PETER GREEN

Trustee, director or authorised officer signature



Date

27/06/2022

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)

Authorised representative signature

Date

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 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 five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the data standard requirements 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 five years.



Super transfer balance account report

Who should complete this report?

Super providers and life insurance companies should complete this report when:

- there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- incorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S M I T H S T

- Place **X** in ALL applicable boxes.



Section A: Member details

1 Tax file number (TFN)

! You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

2 Name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

G R E E N

First given name

P E T E R

Other given names

3 Date of birth / /

4 Current residential address

4 9 S C H I R R M A N N D R I V E

Suburb/town

M A R O O C H Y D O R E

Country if other than Australia

State/territory

Q L D

(Australia only)

Postcode

4 5 5 8

(Australia only)

5 Are you cancelling a previous transfer balance account event?

Yes ☐

Complete this report exactly the same as the original event. If you previously reported multiple events you only need to include details of the event/s you wish to cancel. Refer to the instructions for more information on how to cancel a previous report.

! If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.

6 Intermediary/Supplier name

[illegible]

7 Australian business number (ABN)

<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>
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Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.

8 Fund/Provider name

[illegible]

9 Fund/Provider ABN

5 7 5 7 6 2 3 3 0 9 8

10 Fund/Provider TFN

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! You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

Section D-1: Event one

❗ Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.

11 Is the first event:

A response to a commutation authority ☐ Go to question 12.

An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

A limited recourse borrowing arrangement repayment ☐ Go to question 13.

A different transfer balance cap event ☒ Go to question 14.

Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.

Transfer balance cap event

12 Commutation authority

An event that occurred in response to a commutation authority issued by the ATO.

❗ A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.

Event type:

Commutation authority – commuted in full ☐

Commutation authority – commuted in part ☐

Commutation authority – deceased ☐

Commutation authority – defined benefit ☐

➤ Go to Event details on the next page.

13 Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment

A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.

❗ If you select either **child death benefit income stream** or **child reversionary income stream** you must complete Section F and you can only report one event on this report.

Event type:

Super income stream ☐

Reversionary income stream ☐

LRBA repayment ☐

❗ If you select one of the below events you can only report one event in this report. Refer to the instructions for more information.

Child death benefit income stream ☐

Child reversionary income stream ☐

➤ Go to Event details on the next page.

14 Other transfer balance cap event

Any other transfer balance cap event.

❗ If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation ☒

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

➤ Go to Event details on the next page.

Other information

15 Total super balance

Complete this question to provide information regarding the total super balance of a member.
Refer to ato.gov.au/totalsuperbalance for more information on Total super balance.

❗ Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.

Event type:

Accumulation phase value ☐ Retirement phase value (30 June 2018 only) ☐

16 Concessional contributions

Information regarding the notional taxed contributions of a member.

❗ Only use this event type if you are reporting information for your member's notional taxed contributions.

Event type:

Uncapped notional taxed contributions (from 2017–18 financial year onwards) ☐

Event details

❗ You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.

17 Effective date

Day	2	7	/	Month	0	6	/	Year	2	0	2	2
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18 Value \$

			5	5	3	1	0	9	.	0	0
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19 If you are responding to a commutation authority, was the commutation paid directly to the member?
(ie, paid out of the super system)

❗ Only complete this question if the *Reporting event type* is **Commutation authority – commuted in full** or **Commutation authority – commuted in part**.

If unknown leave this question blank.

No ☐ Yes ☐

Section E-1: Member account details

❗ Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.

20 Member account type

Account-based income stream ☒

Capped defined benefit income stream just before 1 July 2017 ☐

Market-linked capped defined benefit income stream just before 1 July 2017 ☐

Capped defined benefit income stream on or after 1 July 2017 ☐

21 Is the account closed?

No ☒ Yes ☐

22 Unique superannuation identifier (USI)

If you don't have a USI leave this question blank

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23 Member account number

G	R	E	E	P	E	T	0	0	0	0	1	P							
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24 Member client identifier (number)

If you don't have a member client identifier leave this question blank

G	R	E	E	P	E	T	E	0	0	0	1								
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Section D-2: Event two

! Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a third event in Section D-3.

11 Is the second event:

- A response to a commutation authority ☐ Go to question 12.
- An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.
- An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.
- A limited recourse borrowing arrangement repayment ☐ Go to question 13.
- A different transfer balance cap event ☐ Go to question 14.

Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.

Transfer balance cap event

12 Commutation authority

An event that occurred in response to a commutation authority issued by the ATO.

! A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.

Event type:

- Commutation authority – commuted in full ☐
- Commutation authority – commuted in part ☐
- Commutation authority – deceased ☐
- Commutation authority – defined benefit ☐

➤ Go to Event details on the next page.

13 Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment

A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.

! If you select either **child death benefit income stream** or **child reversionary income stream** you must complete Section F and you can only report one event on this report.

Event type:

- Super income stream ☐
- Reversionary income stream ☐
- LRBA repayment ☐

➤ Go to Event details on the next page.

14 Other transfer balance cap event

Any other transfer balance cap event.

! If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

- Member commutation ☐
- Income stream stops being in retirement phase ☐
- Structured settlement – post 1 July 2017 ☐

➤ Go to Event details on the next page.

Other information

15 Total super balance

Complete this question to provide information regarding the total super balance of a member.
Refer to ato.gov.au/totalsuperbalance for more information on Total super balance.

❗ Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.

Event type:

Accumulation phase value ☐ Retirement phase value (30 June 2018 only) ☐

16 Concessional contributions

Information regarding the notional taxed contributions of a member.

❗ Only use this event type if you are reporting information for your member's notional taxed contributions.

Event type:

Uncapped notional taxed contributions (from 2017–18 financial year onwards) ☐

Event details

❗ You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.

17 Effective date / /
Day Month Year

18 Value \$.

19 If you are responding to a commutation authority, was the commutation paid directly to the member?
(ie, paid out of the super system)

❗ Only complete this question if the *Reporting event type* is **Commutation authority – commuted in full** or **Commutation authority – commuted in part**.

If unknown leave this question blank.

No ☐ Yes ☐

Section E-2: Member account details

❗ Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.

20 Member account type

Account-based income stream ☐

Capped defined benefit income stream just before 1 July 2017 ☐

Market-linked capped defined benefit income stream just before 1 July 2017 ☐

Capped defined benefit income stream on or after 1 July 2017 ☐

21 Is the account closed?

No ☐ Yes ☐

22 Unique superannuation identifier (USI)

If you don't have a USI leave this question blank

23 Member account number

24 Member client identifier (number)

If you don't have a member client identifier leave this question blank

Section D-3: Event three

! Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a fourth event in Section D-4.

11 Is the third event:

A response to a commutation authority ☐ Go to question 12.

An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

A limited recourse borrowing arrangement repayment ☐ Go to question 13.

A different transfer balance cap event ☐ Go to question 14.

Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.

Transfer balance cap event

12 Commutation authority

An event that occurred in response to a commutation authority issued by the ATO.

! A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.

Event type:

Commutation authority – commuted in full ☐

Commutation authority – commuted in part ☐

Commutation authority – deceased ☐

Commutation authority – defined benefit ☐

➤ Go to Event details on the next page.

13 Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment

A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.

! If you select either **child death benefit income stream** or **child reversionary income stream** you must complete Section F and you can only report one event on this report.

Event type:

Super income stream ☐

Reversionary income stream ☐

LRBA repayment ☐

➤ Go to Event details on the next page.

14 Other transfer balance cap event

Any other transfer balance cap event.

! If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

➤ Go to Event details on the next page.

15 Total super balance

Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance.

- ❗ Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.

Event type:

Accumulation phase value		Retirement phase value (30 June 2018 only)
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16 Concessional contributions

Information regarding the notional taxed contributions of a member.

- 1 Only use this event type if you are reporting information for your member's notional taxed contributions.

Event type:

Uncapped notional taxed contributions (from 2017–18 financial year onwards)

Event details

- !** You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.

17 Effective date Day Month Year

[illegible]

19 If you are responding to a commutation authority, was the commutation paid directly to the member?
(ie, paid out of the super system)

- !** Only complete this question if the *Reporting event type* is **Commutation authority – commuted in full** or **Commutation authority – commuted in part**.

If unknown leave this question blank.

No ☐ Yes ☐

Section E-3: **Member account details**

- ! Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.

20 Member account type

Account-based income stream

Capped defined benefit income stream just before 1 July 2017

Market-linked capped defined benefit income stream just before 1 July 2017

Capped defined benefit income stream on or after 1 July 2017

21 Is the account closed?

No ☐ Yes ☐

22 Unique superannuation identifier (USI)

If you don't have a USI leave this question blank

[illegible]

23 Member account number

[illegible]

24 Member client identifier (number)

If you don't have a member client identifier leave this question blank.

[illegible]

Section D-4: **Event four**

❗ Refer to the instructions for more information on how to complete this section. Only report one event in this section.

11 Is the fourth event:

A response to a commutation authority ☐ Go to question 12.

An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

A limited recourse borrowing arrangement repayment ☐ Go to question 13.

A different transfer balance cap event ☐ Go to question 14.

Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.

Transfer balance cap event

12 Commutation authority

An event that occurred in response to a commutation authority issued by the ATO.

❗ A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.

Event type:

Commutation authority – commuted in full ☐

Commutation authority – commuted in part ☐

Commutation authority – deceased ☐

Commutation authority – defined benefit ☐

➤ Go to Event details on the next page.

13 Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment

A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.

❗ If you select either **child death benefit income stream** or **child reversionary income stream** you must complete Section F and you can only report one event on this report.

Event type:

Super income stream ☐

Reversionary income stream ☐

LRBA repayment ☐

➤ Go to Event details on the next page.

14 Other transfer balance cap event

Any other transfer balance cap event.

❗ If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

➤ Go to Event details on the next page.

15 Total super balance

Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance.

- ❗ Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.

Event type:

Event type. ☐ Accumulation phase value ☐ Retirement phase value (30 June 2018 only) ☐

16 Concessional contributions

Information regarding the notional taxed contributions of a member.

- ❗ Only use this event type if you are reporting information for your member's notional taxed contributions.

Event type:

Uncapped notional taxed contributions (from 2017–18 financial year onwards)

Event details

- !** You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.

17 Effective date Day / Month / Year

[illegible]

19 If you are responding to a commutation authority, was the commutation paid directly to the member?
(ie, paid out of the super system)

- !** Only complete this question if the *Reporting event type* is **Commutation authority – commuted in full** or **Commutation authority – commuted in part**.

If unknown leave this question blank.

No ☐ Yes ☐

Section E-4: **Member account details**

- ❗ Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.

20 Member account type

Account-based income stream ☐

Capped defined benefit income stream just before 1 July 2017

Market-linked capped defined benefit income stream just before 1 July 2017

Capped defined benefit income stream on or after 1 July 2017

21 Is the account closed?

No ☐ Yes ☐

22 Unique superannuation identifier (USI)

If you don't have a USI leave this question blank

[illegible]

23 Member account number

[illegible]

24 Member client identifier (number)

If you don't have a member client identifier leave this question blank

[illegible]

[illegible]

25 Tax file number (TFN)

26 Name

Family name

[illegible]

First given name

Other given names

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27 Date of birth

Day Month Year

		/			/				
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Section G: Declarations

Complete the declaration that applies to you. Print your full name then sign and date the 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 super provider.

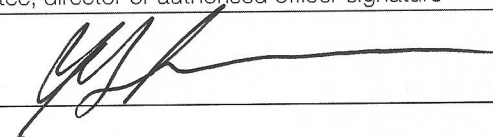
I declare that the information contained in the statement is true and correct.

Name

P E T E R G R E E N

Business hours phone number (include area code) 0 7 3 3 6 0 9 6 0 0

Trustee, director or authorised officer signature



Date Day 2 7 / Month 0 6 / Year 2 0 2 2

OR

Authorised representative declaration

Complete this declaration if you are an authorised representative of the super provider or life insurance company.

I declare that:

- ☐ I have prepared the statement with the information supplied by the super provider or life insurance company
- ☐ I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct
- ☐ I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.

Name

Business hours phone number (include area code)

Authorised representative signature

Date Day / Month / Year

Lodging this report

Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.

You can lodge this report via:

- ☐ Tax Agent Portal
- ☐ Business Portal if you are a business portal user
- ☐ Post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:

Australian Taxation Office
PO BOX 3006
PENRITH NSW 2740