



Section A : Receiving fund's details

1	Australian business number (ABN)	20-196-162-405		
2	Fund name	Rao Smsf		
3	Postal address	4 Triandra St		
	Suburb/town/locality	State	Postcode	
	Baldivis	WA	6171	
	Country if other than Australia			
4	(a) Unique superannuation identifier (USI)			
	(b) Member client identifier	R Parleshni		

Section B - Member Details

5	Tax file number (TFN)	363-567-929		
6	Full name	Title - for example, Mr, Mrs, Miss, Ms Ms Surname or family name Rao		
	First given name	Other given names		
	Parleshni	Bai		
7	Residential address	4 Triandra St		
	Suburb/town/locality	State	Postcode	
	Baldivis	WA	6171	
	Country if other than Australia			
8	Date of birth	23/03/1981	9	Sex (M/F) F
10	Daytime phone number	0424571970		
11	Email address	parleshni_rao@yahoo.com.au		

Section C - Rollover transaction details

12	Service period start date	12/08/2002				
13	Tax components	14 Preservation amounts				
	Tax -free component	\$	269.84	Preserved amount	\$	201,000.00
	KiwiSaver Tax-free component	\$	0.00	KiwiSaver preserved amount	\$	0.00

Taxable component:

Element taxed in the fund	\$	<input type="text" value="0.00"/>	Restricted non-preserved	\$	<input type="text" value="0.00"/>
Element untaxed in the fund	\$	<input type="text" value="200,730.16"/>	Unrestricted non-preserved	\$	<input type="text" value="0.00"/>
TOTAL Tax components	\$	<input type="text" value="201,000.00"/>	TOTAL Preservation amounts	\$	<input type="text" value="201,000.00"/>

Section D – Non-complying funds

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

\$

Section E : Transferring fund

16 Fund's ABN	<input type="text" value="93-350-173-038"/>
17 Fund's name	<input type="text" value="WEST STATE SUPER"/>
18 Contact name	<input type="text" value="Member Services"/>
19 Daytime phone number	<input type="text" value="92116680"/>
20 Email address	<input type="text" value="memberservices@gesb.com.au"/>

Section F - Declaration**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)**Trustee, director or authorised officer signature**

Date

Where to send this form

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 them 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 a period of five years

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

- comply with the requirements of the data standard 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 a period of five years