Member number: 12054401

Rollover benefit statement

Australian business number (ABN) 95394296221							
Fund name	PANTANO AND KREJSKA SELF MANAGED SUPERANNUATION FUND						
Postal address	C/-The Navigator Network, Po Box 2524						
Suburb/town/locality	SOUTHPORT BC			State/territory	QLD		
Postcode	4215	Country (if outside Australia)					
Unique superannuation id (USI) (also known as SP	dentifier IN)						
Member client identifier							
		•			•	1	
,	,	4 •					
Section B: Member's details							
Tax file number (TFN)	1 6 4	6 8 5	4 3 1	-	_	, , , ,	
Title Mr	Mrs	Miss	Ms X O	ther			
Family name	Krejska						
Given name(s)	Isabell Eveline						
Residential address	56/52-62 Newstead Terrace						
Suburb/town/locality	NEWSTEAD		State/territory	QLD			
Postcode	4006	Country (if or	utside Australia)				
Date of birth	1 7 / 0	8 / 1	9 7 5		Sex Male	Female X	
Daytime phone number (include area code) ()							

isabell.le75@gmail.com

Section A: Receiving fund

Email address (if applicable)

Section C: Rollov	ver transaction details						
Service period start date 1 3 / 0 6 / 1 9 9 5							
		ì	,				
Tax components:	•	Preservation amou	ints:				
Tax-free component	\$ 1316 . 82	Preserved amount	\$ 80000 . 00				
KiwiSaver tax-free component	\$ 0.00	KiwiSaver preserved amount	\$ 0.00				
Taxable component		Restricted non- preserved amount	\$ 0.00				
Element taxed in the fund	\$ 78683 . 18	Unrestricted non- preserved amount	\$ 0.00				
Element untaxed in the fund	\$ 0.00						
TOTAL Tax Components	\$ 80000 . 00	TOTAL Preservation Amounts	\$ 80000 . 00				
Section D: Non-complying funds details Contributions made to a non-complying fund on or after 10 May 2006 \$ 0 00 Section E: Transferring fund details							
Australian business num	· · · · · · · · · · · · · · · · · · ·						
Fund name	AustralianSuper						
Contact name	AustralianSuper Contact Centre						
Daytime phone number (include area code) () 1300 300 273							
Email address (if applicable) email@australiansuper.com							
Section F: Declaration							
I declare that the information contained in the statement is true and correct.							
Name (BLOCK LETTERS)	SHAWN BLACKMORE						
•			!				
Trustee, director or authorised officer signature		Date 0 7	/ 0 8 / 2 0 1 4				

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