



Rollover benefits statement



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 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).

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only
- Place in ALL applicable boxes
- Use a separate form for each rollover payment you are making.

Section A: Receiving fund

1 Australian business number (ABN)

95394296221

2 Fund name

PANTANÓ & KREJSKA SMSF FUND

3 Postal address

PO BOX 2524

Suburb/town/locality

SOUTHPORT

State/territory

QLD

Postcode

4215

Country if outside Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

1

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 outside Australia

8 Date of birth

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

12 Service period start date

13 Tax components:

Tax-free component \$

KiwiSaver tax-free component \$

Taxable component

Element taxed in the fund \$

Element untaxed in the fund \$

Tax components TOTAL

\$

14 Preservation amounts:

Preserved amount	\$	17712.03
KiwiSaver preserved amount	\$	
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00



Preservation amounts TOTAL \$ 17712.03

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 ABN

17 Fund name

18 Contact name

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

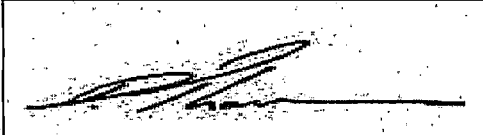
Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

Dean Thomas

Trustee, director or authorised officer signature



Date

24 July 2014

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 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

4 AUG 2014



MLC Limited ABN 90 000 000 402 AFSL 230694
GPO Box 2567W Melbourne Victoria 3001 • Client Services 1300 428 482 • Fax 03 9820 1534
MLC Nominees Pty Limited ABN 93 002 814 959 AFSL 230702 • The Universal Super Scheme ABN 44 928 361 101
mlc.com.au

30 July, 2014

Pantano & Krejska SMSF
C/- The Navigator Network
PO Box 2524
Southport BC QLD 4215

Dear Sir/Madam

Policy 5733871K Mr Anthony Pantano

In response to a request from Mr Pantano to roll over the proceeds from the above mentioned policy to your company, an amount of \$17,712.03 was deposited into your nominated bank account. Details are as follows

Bank	BOQ
Account	22129026
BSB	124158

Please find enclosed your Rollover Benefit Statement.

If you have any further queries please contact Client Services on 1300 428 482.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Christine Gray', is positioned above the printed name.

Christine Gray
Heritage Savings Team
Client Services: 1300 428 482 Fax: (03) 9820 1534

