T 1300 300 273 F 1300 366 273 www.australiansuper.com/email www.australiansuper.com





17 September 2019



The Trustee for CALLEY SUPERFUND PO Box 9258 GOLD COAST MC QLD 9726



Dear Sir/Madam

Transferred super account

Member number: M.Calley

Enclosed is the Rollover benefits statement for Mr Mitchell Calley who has asked to transfer their Australian Super account to The Trustee for CALLEY SUPERFUND.

We're here to help

If you need help or have any questions, please call us on 1300 300 273 from 8am to 8pm AEST/AEDT weekdays or visit our website anytime at australiansuper.com

Sincerely

AustralianSuper

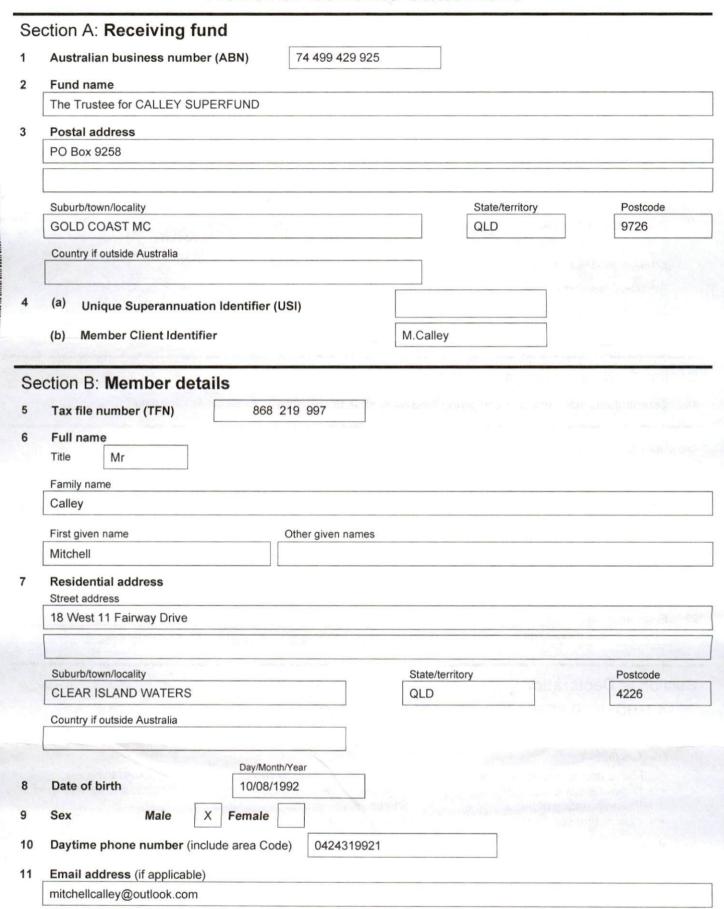
Enclosure/s: , Rollover benefits statement

INST-CLM 11/16

A8_CLAIM_6689416.xml/SECOFF



Rollover benefits statement





Section C: Rollover transaction details				
		Day/Month/Year	_	
12	Service period start date	14/07/2017		
13	Tax components:			
	Tax-free component	\$ 1,000.00		
	KiwiSaver tax-free component	\$ 0.00		
	Taxable component:			
	Element taxed in the fund	\$ 10,744.80		
	Element untaxed in the fund	\$ 0.00		
	т	OTAL Tax components \$	11,744.80	
14	Preservation amounts:	44.744.00		
	Preserved amount	\$ 11,744.80		
	KiwiSaver preserved amount	\$ 0.00		
	Restricted non-preserved amount	\$ 0.00		
	Unrestricted non-preserved amount	\$ 0.00		
	TOTAL	Preservation amounts \$	11,744.80	
Costion D. Non complying funds				
560	ction D: Non-complying funds			
15	Contributions made to a non-complying fund on or after 10 May 2006	\$ 0.00		
Section E: Transferring fund				
16 Fund's ABN 65 714 394 898				
17	Fund's name			
[AustralianSuper			
18				
	AustralianSuper Contact Centre			
19	Daytime phone number (include area Code) 1300 300 273			
20	State of the state			
Į	email@australiansuper.com			
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			
1	Authorised representative signature			
	JOE NEKIC			
			Day / Month / Year	
		Date	16/09/2019	