

# Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

! If a member asks you to roll over parts of their entitlement to more than one fund, you must complete separate statements for each rollover payment.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

## Section A: Receiving fund

1 Australian business number (ABN)

66006818695

2 Fund name

H.E.S.T. AUSTRALIA PTY LTD

3 Postal address

LOCKED BAG 5136  
PARRAMATTA NSW 2124

4 You must provide at least one of the receiving fund's numbers below :

(a) Unique superannuation identifier (USI)

HST0100AU

(b) Member client identifier

3872894

## Section B: Member's details

5 Tax File Number (TFN)

148726998

6 Full name

Title MS

Family Name

HULLAH

First given name

Other given names

HELEN

7 Residential address

15 TAUNTON STREET  
PYMBLE NSW 2073

8 Date of birth

31/07/1948

9 Sex

F

10 Daytime phone number (include area code)

02 94496327

11 Email address (if applicable)

margie\_hullah@hotmail.com

## Section C: Rollover transaction details

### 12 Service period start date

16/12/2019
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### 13 Tax components

Tax-free component

\$	138,964.40
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KiwiSaver tax-free component

\$
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Taxable component:

Element taxed in the fund

\$	161,035.60
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Element untaxed in the fund

\$
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**Tax components TOTAL**

\$	300,000.00
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### 14 Preservation amounts

Preserved amount

\$
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KiwiSaver preserved amount

\$
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Restricted non-preserved amount

\$
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Unrestricted non-preserved amount

\$	300,000.00
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**Preservation amounts TOTAL**

\$	300,000.00
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## Section D: Non-complying funds

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

\$
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**Section E: Transferring fund**

**16 Fund ABN** 97453719746

**17 Fund name**  
HOULDING SUPERANNUATION FUND

**18 Contact name**  
NICHOLAS HULLAH

**19 Daytime phone number** (include area code)  
Telephone No

**20 Email address** (if applicable)

**Signature of authorised person**  

Date / /

You do not need to send a copy of the statement to the ATO however, you must keep a copy for your records for a period of five years.

