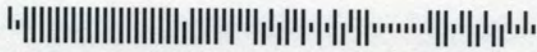


11 October 2018



000014

TR & DA Carter Super Fund  
PO BOX 1839  
BROADBEACH QLD 4218

Dear Sir/Madam

### We've transferred a super payment to you

We've processed a transfer for:

Cbus member name: Tony Carter  
Cbus member number: 3982932  
Your member number: T Carter  
Date of birth: 13/08/1966

We have enclosed a cheque for \$20,000.00 and included a Rollover benefit statement showing the payment details.

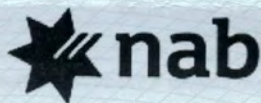
Page 1 of 2

A6\_CLAIM\_6682567.xml/INST-CLM/SECOFF

Advice to payee

Detach before banking

Security feature included in this cheque is a microprinted signature line; the absence of which could indicate a fraudulent cheque



National Australia  
Bank Limited

330 COLLINS STREET BRANCH MELBOURNE VIC

025359

11 Oct 2018

Pay TR & DA Carter Super Fund

or order

The sum of TWENTY THOUSAND DOLLARS

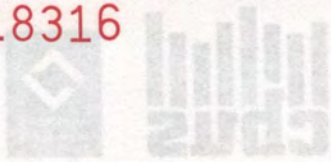
\$20,000.00

NOT  
NEGOTIABLE  
ACCOUNT  
PAYEE ONLY

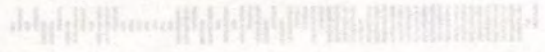
Pacific Custodians Pty Limited As Custodian For  
United Super Pty Limited ABN 46 006 261 623 As Trustee For CBUS

⑈025359 ⑈083⑈355⑈67390⑈9657⑈

CD 18316



11 October 2018



000014  
TR & DA Carter Super Fund  
PO BOX 1839  
BROADBEACH QLD 4218

Dear Sir/Madam

We've transferred a super payment to you

We've processed a transfer for:

CPUS member name: Tony Carter  
CPUS member number: 3882932  
Your member number: T Carter  
Date of birth: 13/08/1966

We have enclosed a cheque for \$20,000.00 and included a Rollover benefit statement showing the payment details.

AS CLAIM 0882987-AMINT-CLM/SCOP

Page 1 of 2

Advice to payee

Cheque Security features include:

- Microprinting in signature line
- Scanright Sensitised Security Cheque paper
- Thermochromic ink on back of cheque
- Solvent Sensitive ink

The absence of any feature could indicate a fraudulent cheque.

CD 18316

11 Oct 2018

CPUS

TR & DA Carter Super Fund

Pay

the sum of TWENTY-THOUSAND DOLLARS

\$20,000.00

40 252P 4083 322873FO P2274

**More information**

If you have any questions, please call us on **1300 361 784** (8am to 8pm AEST/AEDT weekdays), email us at **cbusenq@cbussuper.com.au** or visit us online at **www.cbussuper.com.au**

Yours sincerely



Michelle Boucher  
Group Executive, Member Experience

This information has been prepared by Australian Administration Services Pty Limited (ABN 62 003 429 114) on behalf of CBUS

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Issued by Cbus' Trustee United Super Pty Ltd; ABN 46 006 261 623 AFSL 233792 Cbus (Fund) ABN 75 493 363 262. For more information about Super, refer to Product Disclosure Statement (PDS) available at: [www.cbussuper.com.au](http://www.cbussuper.com.au)



# Rollover benefits statement

## Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

3 Postal address   
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)   
(b) Member Client Identifier

## Section B: Member details

5 Tax file number (TFN)

6 Full name  
Title   
Family name   
First given name  Other given names

7 Residential address  
Street address   
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

8 Date of birth  Day/Month/Year

9 Sex Male  Female

10 Daytime phone number (include area Code)

11 Email address (if applicable)

## Section C: Rollover transaction details

	Day/Month/Year	
12 Service period start date		06/03/1985
13 Tax components:		
Tax-free component	\$	0.00
KiwiSaver tax-free component	\$	0.00
Taxable component:		
Element taxed in the fund	\$	20,000.00
Element untaxed in the fund	\$	0.00
	<b>TOTAL Tax components</b>	<b>\$ 20,000.00</b>
14 Preservation amounts:		
Preserved amount	\$	20,000.00
KiwiSaver preserved amount	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00
	<b>TOTAL Preservation amounts</b>	<b>\$ 20,000.00</b>

## Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006	\$	0.00
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## Section E: Transferring fund

16 Fund's ABN	75   493   363   262
17 Fund's name	Construction and Building Union Superannuation
18 Contact name	
19 Daytime phone number (include area Code)	
20 Email address (if applicable)	

## 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

Authorised representative signature

Joe Nekic

Day / Month / Year

Date

11/10/2018