

30 June 2020

**Private & Confidential**  
WENDYWOO SMSF  
2/278 Beaufort St  
PERTH WA 6000

**NGS Super  
Mrs Wendy Gibbs (SMSF)  
Partial Withdrawals**

Dear Sir/Madam

The above member has instructed the Trustee of their intention to rollover their benefit entitlement to your organisation. Accordingly we enclose the following:

- A Rollover Benefits Statement.

Mrs Gibbs can be contacted at the following address:

19 Normandy Gardens  
PORT KENNEDY WA 6172

If you have any questions or need any assistance, please call us on 1300 133 177 and a team member will help you.

Yours sincerely



**Customer Service Team**

Helpline: 1300 133 177

Website: [ngssuper.com.au](http://ngssuper.com.au)

# Rollover benefits statement

## Section A: Receiving fund

### Name and Postal Address

WENDYWOO SMSF  
2/278 Beaufort St  
  
PERTH WA 6000

### Australian Business Number (ABN)

31845413181

### Unique superannuation identifier (USI)

### Member client identifier

SMSF

## Section B: Member's details

Tax File Number (TFN)

625626651

### Full Name

Family Name

Gibbs

First Given Name

Wendy

Other Given Names

### Residential Address

Street Address

19 Normandy Gardens

Suburb/Town/Locality

PORT KENNEDY

State

WA

Postcode

6172

Country

Date of Birth

24/11/1958

Email Address

wendy.gibbs4@bigpond.com

Daytime phone number

### Sex

Male

Female

X

## Section C: Rollover transaction details

Service period start date

27/11/1991

### Tax components:

Tax-free component

\$1,398.99

KiwiSaver tax-free component

\$0.00

### Taxable component:

Element taxed in the fund

\$63,101.01

Element untaxed in the fund

\$0.00

**Total**

**\$64,500.00**

### Preservation Amounts:

Preserved amount

\$64,047.42

KiwiSaver preserved amount

\$0.00

Restricted non-preserved

\$0.00

Unrestricted non-preserved

\$452.58

**Total**

**\$64,500.00**

## Section D: Non-complying funds

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

## Section E: Transferring fund

Fund's ABN

73549180515

Fund's name

NGS Super

Contact name

our Customer Service Team

Email address

Daytime phone number

1300 133 177

---

---

## Section F: Authorised Representative Declaration

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

Cambell Holt

Authorised representative signature

*Cambell Holt*

Date

30 June 2020