

30 June 2020

Private & Confidential
WENDYWOOL 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

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