



17 May 2019

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BLACK EAGLE SUPER FUND
8/12 BAY ROAD
NORTH SYDNEY NSW 2060



Sunsuper Pty Ltd
30 Little Cribb Street Milton QLD 4064
GPO Box 2924 BRISBANE QLD 4001
ABN 88 010 720 840 ASFL No. 228975
MySuper Authorised 98 503 137 921 996

- 13 11 84
- sunsuper.com.au
- twitter.com/sunsuper
- facebook.com/sunsuper

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Transfer-out of superannuation benefits

Member name: **MS KIMBERLEY PARKER**

Member number: **901920550**

Please find enclosed a cheque for \$15,718.05 to be deposited into your fund as requested by the above member.

We've enclosed a *Rollover benefits statement* as confirmation of this transfer.

If you have any questions please visit sunsuper.com.au or call us on **13 11 84** between 8.00am and 6.30pm AEST, Monday to Friday.

Yours sincerely,

Steve Davidson
Executive General Manager, Customer Engagement



For ratings and awards information, visit sunsuper.com.au/ratingsagencies

00529345





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Section A: Receiving fund's details - please state information below, if known.

Australian business number (ABN):90288995723 Unique Superannuation identifier (USI):
Name: BLACK EAGLE SUPER FUND Member client identifier:K PARKER
Postal address – Street address:8/12 Bay Road
Suburb/town/locality:NORTH SYDNEY State/territory:NSW Postcode:2060

Section B: Members's details - please state information below, if known.

Tax file number (TFN):158065336
Full name:
Title:Ms Family name:Parker
First given name:Kimberley Other given names:
Postal address – Street address:Unit 8 12-14 Bay Road
Suburb/town/locality:NORTH SYDNEY State/territory:NSW Postcode:2060
Date of birth:10/06/1970 Sex:Female
Daytime phone number (include area code): Email address (if applicable):
kimberleyparker70@gmail.com

Section C: Rollover transaction details

Service period start date:01/10/2004

Tax components:		Preservation amounts:	
Tax-free component:	\$ 1,656.75	Preserved amount:	\$ 15,718.05
KiwiSaver tax-free component:	\$ 0.00	KiwiSaver preserved amount:	\$ 0.00
Taxable component:		Restricted non-preserved amount:	\$ 0.00
Element taxed in the fund:	\$ 14,061.30	Unrestricted non-preserved amount:	\$ 0.00
Element untaxed in the fund:	\$ 0.00	Total preservation amounts:	\$ 15,718.05
Total Tax components:	\$ 15,718.05		

Section D: Non-complying fund - only complete if you're a trustee of a non-complying fund.

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

Section E: Declaration

Fund's ABN:98 503 137 921 Fund's name:Sunsuper
Contact name Steve Davidson Email address (if applicable):
Daytime phone number (including area code):13 11 84
Signature of authorised person:
Steve Davidson Date:17/05/2019

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



MS KIMBERLEY PARKER
8/12 BAY ROAD
NORTH SYDNEY NSW 2060
AUSTRALIA

28 May 2019
Australian Ethical Super

Your payment has been made

Hi Kimberley

Thanks for letting us know you would like to rollover some of your account to another fund. On 22 May 2019 we sent \$14,500.00 to Black Eagle Super Fund. We enclose your Rollover Benefit Statement which has all the details.

An exit fee of \$50.00 has been deducted from your account.

We're sorry to see you rolling out some of your super - please let us know if there is anything we could do better?

If you didn't ask us to make this payment, please give us a call on **1300 134 337** between 8:00am and 8:00pm (AEST) Monday to Friday or email us at members@australianethical.com.au.

Thanks for being a member. Your money is doing good for you and the planet.

Best regards



Allyson Lowbridge
Chief Customer Officer



Rollover Benefits Statement

Personal details

Title	Ms
Family name	Parker
Given names	Kimberley
Other/previous names	
Date of birth (DD/MM/YYYY)	10/06/1970
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Email	kimberleyparker70@gmail.com
Contact phone number	
Tax file number	Supplied

Residential Address	30 Sugarloaf Crescent		
Suburb	Castlecrag		
State/territory	NSW	Postcode	2068
Country	Australia		

Important: Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there might be tax consequences.

Rollover transaction details Service Period Start Date 4 March 2016

Tax components

Tax-free component	\$0.00
KiwiSaver tax-free component	\$0.00
Taxable component:	
Element taxed in the fund	\$14,500.00
Element untaxed in the fund	\$0.00
Total Tax components	\$14,500.00

Preservation amounts

Preserved amount	\$14,500.00
KiwiSaver preserved amount	\$0.00
Restricted non-preserved	\$0.00
Unrestricted non-preserved	\$0.00
Total Preservation amounts	\$14,500.00

From super fund details

Fund name	Australian Ethical Retail Superannuation Fund
Fund phone number	1300 134 337
Membership or account number	100188344
Australian business number (ABN)	49633667743

To super fund details

Fund name	Black Eagle Super Fund
Fund phone number	
Membership or account number	
Australian business number (ABN)	90288995723
Unique superannuation identifier	

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 of Authorised Representative	Date
Allyson Lowbridge	28 May 2019

Return undelivered mail to:
GPO Box 9898
in your capital city



007 R 2
260935226

MS KIMBERLEY PARKER
UNIT 8 12-14 BAY RD
NORTH SYDNEY NSW 2060



Member Number: 3635187
Account Number: FSSUDY2599

17 May 2019

Black Eagle Super Fund
Unit 8 12-14 BAY RD
NORTH SYDNEY NSW 2060



Postal

PO Box 1229
Wollongong NSW 2500

T | 1300 650 873
F | 1300 722 072

contact@firststatesuper.com.au
firststatesuper.com.au

Dear Sir/Madam

Rollover benefit

We recently received a request from one of our members, Ms Kimberley Dale Parker, Account No.FSSUDY2599, to rollover to your fund. As instructed an amount of \$12,529.18 has been deposited to your fund's nominated bank/building society account and a Rollover benefits statement is enclosed.

Further Information

If you have any questions, please call us on 1300 650 873 between 8.30 am and 6.00 pm Monday to Friday (AEST). Please visit firststatesuper.com.au for information about our services and to make online enquiries.

Yours sincerely

A handwritten signature in black ink that reads "Pamela Panagenas".

Pamela Panagenas
Head of Member Operations

Encl: Rollover Benefits Statement



Rollover Benefits Statement

Section A : Receiving fund

1	Australian business number (ABN)	90 288-995-723		
2	Fund name	Black Eagle Super Fund		
3	Postal address	Unit 8 12-14 BAY RD		
	Suburb/town/locality	NORTH SYDNEY	State/Territory	NSW
	Country if other than Australia		Postcode	2060
4	(a) Unique superannuation identifier (USI)			
	(b) Member client identifier			

Section B : Member's details

5	Tax file number (TFN)	158-065-336		
6	Full name			
	Title	Ms	Family name	Parker
	First given name	Kimberley Dale	Other given names	
7	Residential address	U 8 12-14 BAY RD		
	Suburb/town/locality	NORTH SYDNEY	State/Territory	NSW
	Country if other than Australia	AUSTRALIA	Postcode	2060
8	Date of birth	10/06/1970		
9	Sex (M/F)	F		
10	Daytime phone number			
11	Email address	KIMBERLEYPARKER70@GMAIL.COM		

Section C : Rollover transaction details

12	Service period start date	16/09/2013		
13	Tax Components			
	Tax-free component	\$	0.00	
	KiwiSaver tax free	\$	0.00	
	Taxable component:			
	Element taxed in the fund	\$	12,529.18	
	Element untaxed in the fund	\$	0.00	
		Tax components TOTAL \$ 12,529.18		
14	Preservation amounts			
	Preserved amount	\$	12,529.18	
	KiwiSaver preserved amount	\$	0.00	
	Restricted non-preserved amount	\$	0.00	
	Unrestricted non-preserved amount	\$	0.00	
		Preservation amounts TOTAL \$ 12,529.18		

Section D : Non-complying funds

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

\$ 0.00

Section E : Transferring fund

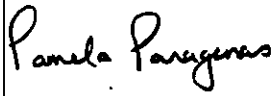
16	Fund ABN	53-226-460-365
17	Fund name	First State Superannuation Scheme
18	Contact name	Service Centre
19	Daytime phone number	1300 650 873
20	Email Address	enquiries@firststatesuper.com.au

Section F : Declaration

I declare that the information contained in the statement is true and correct.

Name Pamela Panagenas

Authorised representative signature



Date

17 May 2019

17 May 2019



The Manager
Black Eagle Super Fund
Unit 8 12-14 Bay Rd
NORTH SYDNEY NSW 2060

Dear Sir/Madam

Australian Eligible Rollover Fund (AERF)

Member Name: Kimberley Dale Parker
Member Number: 0669861

We have been requested to roll over this member's superannuation benefit to your organisation. We have therefore credited **\$1,215.18** to your nominated bank account.

Please find enclosed:

1. A copy of the Rollover benefits statement, and
2. A copy of the member's application form for your fund (if applicable).

Should you have any queries, please contact our Customer Service Representatives on **1800 677 424** between 8.30am and 5.00pm (Sydney time), Monday to Friday. Alternatively, you can write to us at Locked Bag 5429, Parramatta NSW 2124.

Yours sincerely,

Customer Service Team
Australian Eligible Rollover Fund



Section A: Receiving fund

Name and Postal Address

BLACK EAGLE SUPER FUND
UNIT 8 12-14 BAY RD
NORTH SYDNEY NSW 2060

Australian Business Number (ABN)

90 288 995 723

Unique Superannuation Identifier (USI)

Member client identifier

Section B: Member's details

Tax File Number (TFN)

158065336

Full name

Title: Mr Mrs Miss Ms Other

Family name

PARKER

First given name

KIMBERLEY

Other given names

DALE

Residential Address

Street address

Unit 8 12-14 Bay Rd

Suburb/town/locality

NORTH SYDNEY

State/Territory

NSW

Postcode

2060

Country if other than Australia

Date of birth

Day: 10 / Month: 06 / Year: 1970
Sex: Male Female

Daytime phone number (include area code)

Email address (if applicable)

Section C: Rollover transaction details

Service period start date

Day: 09 / Month: 02 / Year: 1999

Tax components:

Tax-free component \$ 0.00

KiwiSaver tax-free component \$ 0.00

Taxable component:

Element taxed in the fund \$ 1,215.18

Element untaxed in the fund \$ 0.00

TOTAL \$ 1,215.18

Preservation Amounts:

Preserved amount \$ 1,215.18

KiwiSaver preserved \$ 0.00

Restricted non-preserved \$ 0.00

Unrestricted non-preserved \$ 0.00

TOTAL \$ 1,215.18

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

Fund's name

Contact name

Email address(if applicable)

Daytime phone number
(include area code)

Section F: Declaration


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.

Contact name

Authorised representative signature



Date / /

15 May 2019

SuperTrace

STR_05
BLACK EAGLE SUPER FUND
UNIT 8 12-14 BAY RD
NORTH SYDNEY NSW 2060

Dear Sir/Madam

SuperTrace Eligible Rollover Fund

Member Number: 01140218
Member Name: KIMBERLEY PARKER

Following the above member's request to rollover to your fund, we have credited **\$2,207.78** to your nominated bank account.

Please find enclosed **A Rollover benefits statement**.

If you have any questions please contact us on 1300 788 750 between 8.30 am and 6 pm (Sydney time), Monday to Friday.

Yours sincerely,
Customer Service Team
The Colonial Mutual Life Assurance Society Limited
On behalf of the Trustee



Section A: Receiving fund

Name and Postal Address

BLACK EAGLE SUPER FUND
UNIT 8 12-14 BAY RD
NORTH SYDNEY NSW 2060

Australian Business Number (ABN)

90 288 995 723

Unique Superannuation Identifier (USI)

Member client identifier

Section B: Member's details

Tax File Number (TFN)

158065336

Full name

Title: Mr Mrs Miss Ms Other

Family name

PARKER

First given name

KIMBERLEY

Other given names

Residential Address

Street address

U 8

12-14 BAY RD

Suburb/town/locality

NORTH SYDNEY

State/Territory

NSW

Postcode

2060

Country if other than Australia

Date of birth

Day: 10 / Month: 06 / Year: 1970

Sex

Male Female

Daytime phone number (include area code)

Email address (if applicable)

KIMBERLEYPARKER70@GMAIL.COM

Section C: Rollover transaction details

Service period start date

Day: 09 / Month: 05 / Year: 2005

Tax components:

Tax-free component \$ 151.08

KiwiSaver tax-free component \$ 0.00

Taxable component:

Element taxed in the fund \$ 2,056.70

Element untaxed in the fund \$ 0.00

TOTAL \$ 2,207.78

Preservation Amounts:

Preserved amount \$ 2,207.78

KiwiSaver preserved \$ 0.00

Restricted non-preserved \$ 0.00

Unrestricted non-preserved \$ 0.00

TOTAL \$ 2,207.78

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

Fund's name

Contact name

Email address(if applicable)

Daytime phone number


(include area code)

Section F: Declaration**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.

Contact name

Authorised representative signature

Date / /