

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit, other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 12 521-870-998
Fund Name : THE TRUSTEE FOR DONNA CHEN SUPERANNUATION FUND
Postal Address : PO BOX 165
Suburb/town/locality : CANTERBURY
State/territory : VIC
Postcode : 3126
Country :
(a) Unique superannuation identifier :
(b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 345 399 693
Full Name
Title : Mrs
Family Name : Chen
First Given Name : Donna
Other Given Name(s) :
Residential Address : 49 COASTAL PROM
:
Suburb/town/locality : POINT COOK
State/territory : VIC
Postcode : 3030
Country :
Date of Birth : 09 / 02 / 1970
Sex : Female
Daytime phone number :
Email address (if applicable) : chendong2009@hotmail.com

SECTION C: Rollover Transaction Details

Service period start date : 07 / 08 / 2012

Tax Components

Tax-free component	\$	4,732.49
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	19,312.73
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 24,045.22

Preservation amounts

Preserved amount	\$	24,045.22
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$ 24,045.22

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 60 910 190 523
Fund name : HUB24 SUPER FUND
Contact name : MATTHEW JOSE
Daytime phone number : 1300854994
Email address : admin@hub24.com.au

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 : MATTHEW JOSE

Authorised representative signature : Date: 05 October 2022

Tax agent number (if you are a registered tax agent)

Where to send this form

Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.