

# 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

12	Service period start date	Day/Month/Year: 30/09/1990
13	Tax components:	
	Tax-free component	\$ 0.00
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 2,653.72
	Element untaxed in the fund	\$ 0.00
	<b>TOTAL Tax components</b>	<b>\$ 2,653.72</b>
14	Preservation amounts:	
	Preserved amount	\$ 2,244.41
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 409.31
	<b>TOTAL Preservation amounts</b>	<b>\$ 2,653.72</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

Date

Day / Month / Year

09/10/2018

**Section C: Rollover transaction details**

12 Service period start date	Day/Month/Year	30/09/1990
13 Tax components:		
Tax-free component	\$	0.00
KiwiSaver tax-free component	\$	0.00
Taxable component:		
Element taxed in the fund	\$	2,653.72
Element untaxed in the fund	\$	0.00
<b>TOTAL Tax components</b>		<b>\$ 2,653.72</b>
14 Preservation amounts:		
Preserved amount	\$	2,244.41
KiwiSaver preserved amount	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	409.31
<b>TOTAL Preservation amounts</b>		<b>\$ 2,653.72</b>

**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'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 Nekić

Authorised representative signature

Joe Nekić

Day / Month / Year

Date

09/10/2018

# Rollover benefits statement

## Section A: Receiving fund

- 1 Australian business number (ABN) 53 296 610 081
- 2 Fund name  
The Trustee for RICCA SUPERANNUATION SCHEME
- 3 Postal address  
PO Box 205  
Suburb/town/locality GRANVILLE State/territory NSW Postcode 2142  
Country if outside Australia
- 4 (a) Unique Superannuation Identifier (USI)  
(b) Member Client Identifier 01

## Section B: Member details

- 5 Tax file number (TFN) 141 967 674
- 6 Full name  
Title Mr  
Family name Chiavaroli  
First given name Carlo Other given names  
7 Residential address  
Street address 41 Charles Street  
Suburb/town/locality SMITHFIELD State/territory NSW Postcode 2164  
Country if outside Australia
- 8 Date of birth 23/09/1967
- 9 Sex Male  Female
- 10 Daytime phone number (include area Code)
- 11 Email address (if applicable)  
romasteel@bigpond.com

**Non-complying funds**

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

*Pamela Panagenas*

Date

14 August 2018

# Rollover benefits statement

## Section A: Receiving fund

### Name and Postal Address

RICCA SUPERANNUATION SCHEME  
Po Box 205  
GRANVILLE NSW 2142

### Australian Business Number (ABN)

53296610081

### Unique superannuation identifier (USI)

### Member client identifier

SMSF1

## Section B: Member's details

Tax File Number (TFN)

176729447

### Full Name

Family Name

Chiavaroli

First Given Name

Mirella

Other Given Names

### Residential Address

Street Address

7 Rose Street

Suburb/Town/Locality

SMITHFIELD

State NSW

Postcode 2164

Country

Sex

Date of Birth

12/01/1973

Male

Email Address

valroma@tpg.com.au

Female

Daytime phone number

0410 411 211

X

## Section C: Rollover transaction details

Service period start date

30 March 2005

### Tax components:

Tax-free component

\$0.00

KiwiSaver tax-free component

\$0.00

Taxable component:

Element taxed in the fund

\$21,653.57

Element untaxed in the fund

\$0.00

Total

\$21,653.57

### Preservation Amounts:

Preserved amount

\$21,653.57

KiwiSaver preserved amount

\$0.00

Restricted non-preserved

\$0.00

Unrestricted non-preserved

\$0.00

Total

\$21,653.57

## 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

22599554834

Fund's name

GuildSuper

Contact name

Member Services

# Benefits Statement

## Section A: Receiving fund

Australian business number (ABN)

Fund name

Postal address

Suburb/town/locality  State/Territory  Postcode

Country (if other than Australia)

(a) Unique superannuation identifier (USI)

(b) Member client identifier

## Section B: Member's details

Tax file number (TFN)

Full name  
Title  Family name   
First given name  Other given names

Residential address

Suburb/town/locality  State/Territory  Postcode

Country (if other than Australia)

Date of birth

Sex (M/F)

Daytime phone number

Email address

## Section C: Rollover transaction details

Service period start date

Tax Components

Tax-free component	\$ <input type="text" value="906.17"/>
KiwiSaver tax free	\$ <input type="text" value="0.00"/>
Taxable component:	
Element taxed in the fund	\$ <input type="text" value="24,386.93"/>
Element untaxed in the fund	\$ <input type="text" value="0.00"/>
<b>Tax components TOTAL</b>	<b>\$ <input type="text" value="25,293.10"/></b>

Preservation amounts

Preserved amount	\$ <input type="text" value="25,293.10"/>
KiwiSaver preserved amount	\$ <input type="text" value="0.00"/>
Restricted non-preserved amount	\$ <input type="text" value="0.00"/>
Unrestricted non-preserved amount	\$ <input type="text" value="0.00"/>
<b>Preservation amounts TOTAL</b>	<b>\$ <input type="text" value="25,293.10"/></b>