



18 August 2020



To the Manager
Unique Smsf
Ref No : C Coyle
7 Glucina Rd
SOUTHERN RIVER WA 6110

Your contacts

E askamp@amp.com.au
W amp.com.au
T 131 267 F 1300 301 267
AMP Limited
PO Box 300 PARRAMATTA NSW 2124

Your details

ACCOUNT NAME
Courtney Louise Coyle
ACCOUNT NUMBER MONTH AND YEAR OF BIRTH
933527255 Not supplied

Rollover from Flexible Lifetime[®] – Super

Withdrawal number: 225446806

The following information relates to a payment from Flexible Lifetime – Super account 933527255 in the name of Courtney Louise Coyle.

Member name	Payment details	Amount \$
Courtney Louise Coyle	EFT ***** - ****57230	62,250.00

Enclosed documents

We have enclosed a **Rollover Benefit Statement** for your records.

We're here to help

If you have any questions, please contact us.

Yours sincerely,

Steve Vaid
Director Client Services

Your trustee and super fund

You may recall that on the 15th of May 2020, your account moved to the Super Directions Fund (the move). This statement includes your membership in the AMP Superannuation Savings Trust up until the move and from the move to the end of the period in the Super Directions Fund.

To review the balance of your account at the move date please refer to your transaction confirmation, this is available by logging into My AMP at amp.com.au or by calling us on 131 267.

AMP Superannuation Limited ABN 31 008 414 104, AFSL No. 233060 was the Trustee of your fund AMP Superannuation Savings Trust, ABN 76 514 770 399 up to 15 May 2020.

Then on 15 May 2020 N. M. Superannuation Proprietary Ltd (N.M. Super), ABN 31 008 428 322, AFSL No. 234654 commenced as Trustee of this product in a new fund (Super Directions Fund, ABN 78 421 957 449).

Care has been taken so that information in this document is correct, however, the trustee does not accept liability for any error or misprint. Any investment is subject to investment risk, including possible repayment delays and loss of income and principal invested. Returns can go up and down. Past performance is not indicative of future performance. You should contact us for your latest account balance.

What you need to know

This document is provided by N.M. Superannuation Proprietary Limited, ABN 31 008 428 322, AFSL No. 234654 which is the trustee of the Super Directions Fund, ABN 78 421 957 449.



Rollover Benefit Statement

Original

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):	93302914155
Name:	Unique Smsf
Address:	Ref No : C Coyle 7 Glucina Rd Southern River WA 6110
Unique Superannuation Identifier (USI) or Member client identifier:	C COYLE

SECTION B: MEMBER DETAILS

Tax file number:	424001322
Title:	Mrs
Family name:	Coyle
Given name:	Courtney Louise
Other given names:	
Postal address:	7 Glucina Rd SOUTHERN RIVER WA 6110
Date of birth:	13/03/1985
Sex:	F <input checked="" type="checkbox"/> M <input type="checkbox"/>
Daytime phone number (include area code):	
Email address (if applicable):	

SECTION C: ROLLOVER TRANSACTION DETAILS

1. Service period start date	21/10/2002
2. Tax components	
• Tax - free component	125.82
• KiwiSaver Tax-free component	0.00

SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)

• Taxable component	
<input type="checkbox"/> Element taxed in the fund, and	62,124.18
<input type="checkbox"/> Element untaxed in the fund	0.00
TOTAL Tax Components	62,250.00

3. Preservation amounts

• Preserved amount	62,250.00
• KiwiSaver preserved amount	0.00
• Restricted non-preserved amount	0.00
• Unrestricted non-preserved amount	0.00
TOTAL Preservation Amounts	62,250.00

SECTION D: NON-COMPLYING FUNDS

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

SECTION E: TRANSFERRING FUND

ABN: 78 421 957 449

Fund's name: Super Directions Fund

Contact name: Steve Vaid

Email address (if applicable):

Daytime phone number (including area code): 131 267

SECTION F: 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.

Signature of authorised person: Steve Vaid

Date: 18/08/2020