

Rollover Benefit Statement

Roll-over fund copy

t0001297h-9106410-0000162

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

**38 Castle Road
WOODLANDS WA 6018**

Unique Superannuation Identifier (USI):

Member client identifier:

SECTION B: MEMBER'S DETAILS

Tax file number (TFN):

Title:

Family name:

Given name:

Other given names:

Residential address:

Suburb/town: State/territory: Postcode:

Country if other than Australia:

Date of birth: Sex (M/F):

Daytime phone number (including area code):

Email address (if applicable):

SECTION C: DEATH BENEFIT ROLLOVER TRANSACTION DETAILS

Income stream taxation indicator:

TFN of deceased member:

Full name of deceased member:

Title: Family name:

First given name:

Other given names:

Date of birth of deceased member:

Service period start date:

Tax components:

Tax-free component

KiwiSaver Tax-free component

Taxable component

▪ Element taxed in the fund, and

▪ Element untaxed in the fund

TOTAL Tax Components

Preservation amounts:

Preserved amount

KiwiSaver preserved amount

Restricted non-preserved amount

Unrestricted non-preserved amount

TOTAL Preservation Amounts

SECTION D: DEPENDENT CHILD DEATH BENEFIT ROLLOVER DETAILS

Value of interest at member's death:

Retirement phase:

Accumulation phase:

% share of above for this dependant

SECTION E: TRANSFERRING FUND

ABN:

Fund's name:

Contact name:

Telephone no:

SECTION F: DECLARATION

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

Name:

Signature of authorised person: 

Date: