

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

Australian Super
GPO BOX 1901
Melbourne 3001 VIC
Australia

THIS FORM DOES NOT HAVE TO BE
INCLUDED IN A TAX RETURN

Payee ABN 65 714 394 898

Unique Superannuation Identifier (USI) STA0100AU

Member Client Identifier 1073292015

Section 2 - Individual's details

Individual's full name

Title

First given name

Other given names

Address

Surname or family name Fox

Andrew

12 Avenel Gardens Road

MEDINDIE SA 5081

Email

Ph

Date of Birth

02/08/1967

Sex
(M/F)

M

Tax File Number
(if required or permitted by

145-978-484

Name and Address of
authorised agent or
advisor (if any)

Must be authorised to
receive information about
this roll-over from the roll-
over fund.

Ph

Section 3 - Roll-over payment details

Components

Tax-free component

\$8,030.13

KiwiSaver tax-free component

\$0.00

Taxable component

Element taxed in the fund

\$1,969.87

Element untaxed in the fund

\$0.00

Eligible Service Period

Date started

30/01/2002

Preservation amounts of the Roll-over payment

Preserved amount

\$10,000.00

KiwiSaver preserved amount

\$0.00

Restricted Non-Preserved

\$0.00

Unrestricted Non-Preserved

\$0.00

Tax components TOTAL \$10,000.00

Preservation amounts TOTAL \$10,000.00

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 18 466 149 420

Payer's Name AA Fox Superannuation Fund

Contact Name

Andrew Fox

Email

Ph

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name

Andrew Fox

Trustee, director or officer signature

Date: / / 20

OR

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 information in the statement to the ATO

Name

Andrew Fox

Authorised representative signature

Date: / / 20

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

Where to send this form

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

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover 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 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiving fund details

Australian Super
GPO BOX 1901
Melbourne 3001 VIC
Australia

THIS FORM DOES NOT HAVE TO BE
INCLUDED IN A TAX RETURN

Payee ABN	65 714 394 898
Unique Superannuation Identifier (USI)	STA0100AU
Member Client Identifier	1073292015

Section 2 - Individual's details

Individual's full name			
Title	Surname or family name Fox		
First given name	Andrew		
Other given names			
Address	12 Avenel Gardens Road		
	MEDINDIE SA 5081		
	Email	Ph	
Date of Birth	02/08/1967	Sex (M/F)	M
		Tax File Number (if required or permitted by)	145-978-484
Name and Address of authorised agent or advisor (if any)			
Must be authorised to receive information about this roll-over from the roll-over fund.			
	Ph		

Section 3 - Roll-over payment details

Components

Tax-free component	\$8,030.13
KiwiSaver tax-free component	\$0.00
Taxable component	
Element taxed in the fund	\$1,969.87
Element untaxed in the fund	\$0.00

Eligible Service Period

Date started 30/01/2002

Preservation amounts of the Roll-over payment

Preserved amount	\$10,000.00
KiwiSaver preserved amount	\$0.00
Restricted Non-Preserved	\$0.00
Unrestricted Non-Preserved	\$0.00

Tax components TOTAL \$10,000.00

Preservation amounts TOTAL \$10,000.00

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 18 466 149 420

Payer's Name	AA Fox Superannuation Fund		
Contact Name	Andrew Fox	Email	Ph

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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Name

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Trustee, director or officer signature

Date: / / 20

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Name

Andrew Fox

Authorised representative signature

Date: / / 20

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

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Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 1 - Receiving fund details

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GPO BOX 1901
Melbourne 3001 VIC
Australia

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Member Client Identifier 1073292015

Section 2 - Individual's details

Individual's full name

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First given name

Other given names

Address

Surname or family name Fox

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MEDINDIE SA 5081

Email

Ph

Date of Birth

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Sex
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Tax File Number
(if required or permitted by

145-978-484

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authorised agent or
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Taxable component

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Element untaxed in the fund

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Eligible Service Period

Date started

30/01/2002

Preservation amounts of the Roll-over payment

Preserved amount

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KiwiSaver preserved amount

\$0.00

Restricted Non-Preserved

\$0.00

Unrestricted Non-Preserved

\$0.00

Tax components TOTAL \$10,000.00

Preservation amounts TOTAL \$10,000.00

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 18 466 149 420

Payer's Name

AA Fox Superannuation Fund

Contact Name

Andrew Fox

Email

Ph

Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 6 - Declaration

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Authorised representative signature

Date: / / 20

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

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