

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

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

Australian Super
GPO BOX 1901
Melbourne 3001 VIC
Australia

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

Eligible Service Period

Components

Date started

30/01/2002

Tax-free component

\$9,588.43

KiwiSaver tax-free component

\$0.00

Taxable component

Element taxed in the fund

\$411.57

Element untaxed in the fund

\$0.00

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

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

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Section 5 - Transferring fund details

Payer ABN 18 466 149 420

Payer's Name

AA Fox Superannuation Fund

Contact Name

Andrew Fox

Email

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Rollover Benefit Statement

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Rollover Benefit Statement

Triplicate - Keep for your fund records

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Preservation amounts TOTAL \$10,000.00

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

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Payer ABN 18 466 149 420

Payer's Name

AA Fox Superannuation Fund

Contact Name

Andrew Fox

Email

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