

Rollover benefits statement

Section A: Receiving fund

1	Australian business number (ABN)	<input type="text" value="60 827 251 793"/>		
2	Fund name	<input type="text" value="The Trustee for MACHAVOLUS SUPERANNUATION FUND"/>		
3	Postal address	<input type="text" value="PO Box 165"/>		
		<input type="text"/>		
	Suburb/town/locality	State/territory	Postcode	
	<input type="text" value="CANTERBURY"/>	<input type="text" value="VIC"/>	<input type="text" value="3126"/>	
	Country if outside Australia	<input type="text"/>		
4	(a) Unique Superannuation Identifier (USI)	<input type="text"/>		
	(b) Member Client Identifier	<input type="text" value="S Machavolu"/>		

Section B: Member details

5	Tax file number (TFN)	<input type="text" value="813 083 008"/>		
6	Full name			
	Title	<input type="text" value="Ms"/>		
	Family name	<input type="text" value="Machavolu"/>		
	First given name	Other given names		
	<input type="text" value="Sreedhar"/>	<input type="text"/>		
7	Residential address			
	Street address	<input type="text" value="15 Springleaf Ave"/>		
		<input type="text"/>		
	Suburb/town/locality	State/territory	Postcode	
	<input type="text" value="CLYDE NORTH"/>	<input type="text" value="VIC"/>	<input type="text" value="3978"/>	
	Country if outside Australia	<input type="text"/>		
8	Date of birth	<input type="text" value="04/09/1977"/>		
9	Sex	Male	<input type="checkbox"/>	Female
			<input checked="" type="checkbox"/>	
10	Daytime phone number (include area Code)	<input type="text" value="0424354499"/>		
11	Email address (if applicable)	<input type="text" value="sreemach@yahoo.com"/>		

Section C: Rollover transaction details

Day/Month/Year

12 Service period start date

01/04/2004

13 Tax components:

Tax-free component

\$ 0.00

KiwiSaver tax-free component

\$ 0.00

Taxable component:

Element taxed in the fund

\$ 26,000.00

Element untaxed in the fund

\$ 0.00

TOTAL Tax components \$ 26,000.00

14 Preservation amounts:

Preserved amount

\$ 26,000.00

KiwiSaver preserved amount

\$ 0.00

Restricted non-preserved amount

\$ 0.00

Unrestricted non-preserved amount

\$ 0.00

TOTAL Preservation amounts \$ 26,000.00

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

65 | 714 | 394 | 898

17 Fund's name

AustralianSuper

18 Contact name

AustralianSuper Contact Centre

19 Daytime phone number (include area Code)

1300 300 273

20 Email address (if applicable)

email@australiansuper.com

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

Day / Month / Year

Date

11/10/2019