

# Rollover benefits statement

## WHEN TO USE THIS STATEMENT

**!** Only use this version of the form for transactions occurring on or after 1 July 2013.

If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70994-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing **all** of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

**!** You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for **all** rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

## COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place  in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

**!** Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

## Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

Ryssa Superannuation Pty Ltd ATF Super Forrester

3 Postal address

Street address

Se 410 29-31 Lexington Drive

Suburb/town/locality

Bella Vista

State/territory

NSW

Postcode

2153

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

1

## Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

Forrester

First given name

Gary

Other given names

John

7 Residential address

18 Twenty Second Avenue

Suburb/town/locality

WEST HOXTON

State/territory

NSW

Postcode

2171

Country if other than Australia

8 Date of birth Day Month Year  
18 / 05 / 1968

9 Sex Male  Female

10 Daytime phone number (include area code) 0433 907 885

11 Email address (if applicable)

garyforrester1805@hotmail.com

## Section C: Rollover transaction details

! Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date Day Month Year  
01 / 08 / 1987

13 Tax components:

Tax-free component \$ 1,161.40

KiwiSaver tax-free component \$ 0.00

Taxable component:

Element taxed in the fund \$ 4,039.27

Element untaxed in the fund \$ 0.00

Tax components TOTAL \$ 5,200.67

! Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

**14 Preservation amounts:**

Preserved amount \$

KiwiSaver preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

**Preservation amounts TOTAL \$**

**!** If the rollover payment contains a KiwiSaver preserved amount, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

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**Section D: Non-complying funds**

**!** Only complete this section if you are a trustee of a non-complying fund.

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

\$

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**Section E: Transferring fund**

**16 Fund ABN**

**17 Fund name**

**18 Contact name**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

**19 Daytime phone number (include area code)**

**20 Email address (if applicable)**

## Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

**!** Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

FRANK LOMBARDO

Trustee, director or authorised officer signature



Date

Day / Month / Year  
21 / 01 / 2019

OR

### 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 (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date

Day / Month / Year  
 /  /

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

## Where to send this form

**!** Do not send this form to the ATO.

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

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

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