Rollover benefits statement

When to use this statement

❗ Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

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 other than a death benefit rollover 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 **X** 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) 68657495890

2 Fund name

HOST PLUS

3 Postal address

REPLY PAID 84069

Suburb/town/locality
CARLTON SOUTH

State/territory
VIC

Postcode
3053

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier 830228553

Section B: **Member's details**

5   Tax file number (TFN)   329862320

6   Full name

Title: MR

Family name

HART

First given name   Other given names

ANTHONY

7   Residential address

Suburb/town/locality   State/territory   Postcode

Country if other than Australia

8   Date of birth   29 JULY 1960

9   Sex   MALE

10   Daytime phone number (include area code)

11   Email address (if applicable)

TONY_R_HART@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   13 JANUARY 2003

13   Tax components

Tax-free component	$
KiwiSaver tax-free component	$
Taxable component:	
Element taxed in the fund	$ 120000.00
Element untaxed in the fund	$
Tax components TOTAL	$ 120000.00

🛈 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	$	120000.00
KiwiSaver preserved amount	$	
Restricted non-preserved amount	$	
Unrestricted non-preserved amount	$	

Preservation amounts TOTAL **$** 120000.00

⓵ 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.

Section D: **Non-complying funds**

⓵ 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

$

Section E: **Transferring fund**

16 Fund ABN
99398113353

17 Fund name
AR & LN HART SUPERANNUATION FUND

18 Contact name

Title: MR

Family name
HART

First given name
ANTHONY

Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)
TONY_R_HART@HOTMAIL.COM

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)

Trustee, director or authorised officer signature

Date

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)

ANGUS MORRISON

Authorised representative signature

Date

02/04/2019

Tax agent number (if you are a registered tax agent)   24756885

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 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 five years.

If the rollover data standards do apply to the transaction, you must do all of the following:
- comply with the data standard requirements 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 five years.

Superannuation lump sum pre-payment statement

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

AR & LN HART SUPERANNUATION FUND

2 Postal address

P O BOX 458

Suburb/town/locality

MENTONE

State/territory

VIC

Postcode

3194

3 Australian business number (ABN) or withholder payer number

99398113353

4 Authorised contact person

Title: MR

Family name

HART

First given name

ANTHONY

Other given names

5 Daytime phone number (include area code)

Section B: Member's details

6 Your full name

Title: MR

Family name

HART

First given name

ANTHONY

Other given names

7 Current postal address

Suburb/town/locality

State/territory

Postcode

8 Date of birth   29 JULY 1960

Section C: **Superannuation lump sum payment details**

9 **Lump sum payment is calculated to this date**   06 FEBRUARY 2018

10 **Superannuation lump sum components**

Taxable component

    Taxed element $ 120000.00

    Untaxed element $

Tax-free component $

Total amount $ 120000.00

11 **Preservation amounts of the superannuation lump sum**

Preserved amount $ 120000.00

Restricted non-preserved $

Unrestricted non-preserved $

Total amount $ 120000.00

Section D: **Superannuation provider's signature**

12 **Date the statement is issued to the member**

13 **Member is to return statement by**

14 **Superannuation fund's, ADF's, RSA's or annuity provider's signature**

Date

PART 2 – MEMBER TO COMPLETE

Section E: **Cash amount**

1 **Pay me a gross cash amount of:** $ 120000.00

I understand that this amount
may be subject to tax.

> ❗ You may wish to speak with a tax professional or your
> superannuation fund, ADF, RSA or annuity provider to make
> sure you are aware of your tax obligations and superannuation
> roll over options.

Section F: **Rollover payment**

2 **Roll over my payment to: (provide the full name of fund, RSA or annuity provider)**

HOST PLUS

3 **Fund ABN**   68657495890

4 **Superannuation fund, ADF, RSA or annuity provider postal address:**

REPLY PAID 84069

Suburb/town/locality	State/territory	Postcode
CARLTON SOUTH	VIC	3053

5 **Member account number**   830228553

6 **Roll over an amount of:** $ 120000.00

Section G: **Member's declaration**

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

ANTHONY HART

Signature

Date

> ❗ You should keep a copy of the statement for your
> records for a period of five years.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2018

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: **Payee details**

Tax file number	329862320

Surname or family name
HART

Given name(s)
ANTHONY

Residential address

Suburb/town/locality

State/territory

Postcode

	Day	Month	Year
Date of birth (if known)	29 JULY 1960		

Section B: **Payment details**

Date of payment 06 FEBRUARY 2018

TOTAL TAX WITHHELD $

Taxable component

Taxed element $ 120000.00

Untaxed element $

Tax-free component $

Is this payment a death benefit? No [X] Yes [ ]

Type of death benefit Trustee of deceased estate [ ] or Non-dependant [ ]

Section C: **Payer details**

Australian business number (ABN) or withholding payer number (WPN)

(!) You **must** also complete this section

99398113353

Branch number

Name (use the same name that appears on your activity statement)

AR & LN HART SUPERANNUATION FUND

Privacy – For information about your privacy visit our website at **ato.gov.au/privacy**

DECLARATION – *I declare that the information given on this form is complete and correct.*

Signature of authorised person

Date

NOTICE TO PAYEE If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit www.ato.gov.au - refer to TaxPack - phone 13 28 61