

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 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 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.

S	ection A: Receiving fund					
1	Australian business number (ABN) 97	486	244	8 7 0		
2	Fund name					
	THOMAS HILL SUPER FUND					
					. 	
3	Postal address					
	PO BOX 1054					
	MAROOCHYDORE					
	Suburb/town/locality				State/territory	Postcode
					QГD	4 5 5 8
	Country if other than Australia				<u> </u>	
4	(a) Unique superannuation identifier (USI)					
	(b) Member client identifier					

Se	Section B: Member's details				
5	Tax file number (TFN)				
6	Full name				
	Title: Mr X Mrs Miss Ms Other				
	Family name				
	HILL First given name Other given names				
	THOMAS				
_					
7	Residential address				
	PO BOX 1054				
	Suburb/town/locality State/territory Postcode				
	MAROOCHYDORE Q L D 4 5 5 8				
	Country If other than Australia				
	·				
	Day Month Year				
8	Date of birth 1 8 / 0 7 / 1 9 8 9				
9	Sov Male III Female II				
9	Sex Male X Female				
10	Daytime phone number (include area code)				
	0421496082				
11	Email address (if applicable)				
••	thill.89@gmail.com				
	ciiii.oyagiidii.com				
•					
Se	ction 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				
12	Service period start date 0 1 / 0 6 / 2 0 0 7				
13	Tax components				
	Tax-free component \$ 0 0 0				
	KiwiSaver tax-free component \$ 0.00				
	المالما المالمان المان المالمان المالمان المالمان المالمان المالمان المالمان المالما				
	Taxable component: Element taxed in the fund \$ 5 9 5 0 1 5 3				
	Element untaxed in the fund \$,				
	Tax components TOTAL \$ 5 9 5 0 1 5 3				
	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.				

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14	Preservation amounts				
	Preserved amount	\$ 9,501.53			
	KlwiSaver preserved amount	\$,,,			
	Restricted non-preserved amount	\$,			
	Unrestricted non-preserved amount	\$			
		Preservation amounts TOTAL \$, 59,501 • 53			
	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.				
Se	ection D: Non-comply	ing funds			
	Only complete this section if you a	are a trustee of a non-complying fund.			
15	Contributions made to a non-	complying fund on or after 10 May 2006			
		\$, ,			
Se	ection E: Transferring	fund			
16	Fund ABN 9 0 1 9 4	410 365			
17	Fund name Asgard Independence	Plan - Divigion 2			
	Asgard Independence	Plan - Division 2			
40	011				
18					
	Title: Mr Mrs Mss Mss Ms	Other			
	MCMANUS				
	First given name	Other given names			
	LAUGHLAN				
19	Daytime phone number (include	area code)			
	1800998185				
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)	
Patrick Breuer	
Trustee, director or authorised officer signature	
Patrick Breuer	Date Day Month Year 0 6 / 0 4 / 2 0 2 2

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:

- m 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)			
Authorised representative signature			
		Date	
		Day Month Year]
Tax agent number (if you are a registered tax agent)			

Where to send this form

0	Do not send this form to the ATO.	
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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:

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

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