

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

7 Residential address

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

8 Date of birth Day: / Month: / Year:

9 Sex Male Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

1 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:

13 Tax components

Tax-free component \$, , 0 . 0

KiwiSaver tax-free component \$, , 0 . 0

Taxable component:
Element taxed in the fund \$, 5 9 , 5 0 1 . 5 3

Element untaxed in the fund \$, , 0 . 0

Tax components TOTAL \$, 5 9 , 5 0 1 . 5 3

1 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 \$, 5 9 , 5 0 1 . 5 3

KiwiSaver preserved amount \$, , 0 . 0 0

Restricted non-preserved amount \$, , 0 . 0 0

Unrestricted non-preserved amount \$, , 0 . 0 0

Preservation amounts TOTAL \$, 5 9 , 5 0 1 . 5 3

! 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

! 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

\$, , 0 . 0 0

Section E: Transferring fund

16 Fund ABN 9 0 1 9 4 4 1 0 3 6 5

17 Fund name

Asgard Independence Plan - Division 2

18 Contact name

Title: Mr Mrs Miss Ms Other

Family name MCMANUS

First given name LAUGHLAN

Other given names

19 Daytime phone number (include area code)

1 8 0 0 9 9 8 1 8 5

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: 06 / Month: 04 / Year: 2022

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)

Authorised representative 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.