

Rollover benefits statement

Section A: Receiving fund

1 **Australian business number (ABN)**

2 **Fund name**

3 **Postal address**

Suburb/town/locality State/territory Postcode
Country if outside Australia

4 (a) **Unique Superannuation Identifier (USI)**
(b) **Member Client Identifier**

Section B: Member details

5 **Tax file number (TFN)**

6 **Full name**
Title
Family name
First given name Other given names

7 **Residential address**
Street address

Suburb/town/locality State/territory Postcode
Country if outside 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

| | | |
|----|-----------------------------------|---------------------|
| | Day/Month/Year | |
| 12 | Service period start date | 01/07/2012 |
| 13 | Tax components: | |
| | Tax-free component | \$ 0.00 |
| | KiwiSaver tax-free component | \$ 0.00 |
| | Taxable component: | |
| | Element taxed in the fund | \$ 88,996.85 |
| | Element untaxed in the fund | \$ 0.00 |
| | TOTAL Tax components | \$ 88,996.85 |
| 14 | Preservation amounts: | |
| | Preserved amount | \$ 88,996.85 |
| | KiwiSaver preserved amount | \$ 0.00 |
| | Restricted non-preserved amount | \$ 0.00 |
| | Unrestricted non-preserved amount | \$ 0.00 |
| | TOTAL Preservation amounts | \$ 88,996.85 |

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

10/04/2019