

Rollover benefits statement

Section A: Receiving fund

1	Australian business number (ABN)	85 994 954 975
2	Fund name	Roma Retirement Fund
3	Postal address	Unit 2 278 BEAUFORT ST
	Suburb/town/locality	PERTH
	State/territory	WA
	Postcode	6000
	Country if outside Australia	
4	(a) Unique Superannuation Identifier (USI)	
	(b) Member Client Identifier	R Charles

Section B: Member details

5	Tax file number (TFN)	395 754 905
6	Full name	
	Title	Miss
	Family name	Charles
	First given name	Robyn
	Other given names	Domonuqe
7	Residential address	
	Street address	24/3 Homelea Court
	Suburb/town/locality	RIVERVALE
	State/territory	WA
	Postcode	6103
	Country if outside Australia	
8	Date of birth	04/10/1991
9	Sex	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
10	Daytime phone number (include area Code)	0468625991
11	Email address (if applicable)	robbyndcharles@yahoo.com

Section C: Rollover transaction details

12 Service period start date

Day/Month/Year

03/06/2010

13 Tax components:

Tax-free component

\$ 480.74

KiwiSaver tax-free component

\$ 0.00

Taxable component:

Element taxed in the fund

\$ 19,519.26

Element untaxed in the fund

\$ 0.00

TOTAL Tax components \$ 20,000.00

14 Preservation amounts:

Preserved amount

\$ 20,000.00

KiwiSaver preserved amount

\$ 0.00

Restricted non-preserved amount

\$ 0.00

Unrestricted non-preserved amount

\$ 0.00

TOTAL Preservation amounts \$ 20,000.00

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

64 | 971 | 749 | 321

17 Fund's name

HESTA

18 Contact name

HESTA Contact Centre

19 Daytime phone number (include area Code)

1800 813 327

20 Email address (if applicable)

hesta@hesta.com.au

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

Karen Simm

Authorised representative signature

Karen Simm

Day / Month / Year

Date

09/09/2019