

Rollover Benefits Statement

Section A : Receiving fund

1 Australian business number (ABN)

2 Fund name

3 Postal address
Suburb/town/locality
Country if other than Australia

4 (a) Unique superannuation identifier (USI) State/Territory Postcode
(b) Member client identifier

Section B : Member's details

5 Tax file number (TFN)

6 Full name
Title 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

9 Sex (M/F)

10 Daytime phone number

11 Email address

Section C : Rollover transaction details

12 Service period start date

13 Tax Components

Tax-free component	\$	0.00
KiwiSaver tax free	\$	0.00
Taxable component:		
Element taxed in the fund	\$	10,850.39
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$

14 Preservation amounts

Preserved amount	\$	10,850.39
KiwiSaver preserved amount	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$

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 ABN 53-226-460-365
17 Fund name Aware Super
18 Contact name Service Centre
19 Daytime phone number 1300 650 873
20 Email Address enquiries@aware.com.au

Section F : Declaration

I declare that the information contained in the statement is true and correct.

Name Pamela Panagenas

Authorised representative signature

Date

Pamela Panagenas

9 November 2020