

Rollover benefits statement



Central Plaza Three
70 Eagle Street, Brisbane
GPO Box 200, Brisbane QLD 4001
P 1300 360 750
F 1300 241 602
W qsuper.qld.gov.au



038/580

A & J Jones Super Fund
146 BLOOMFIELD ST
CLEVELAND QLD 4163



Please keep a copy of this statement for your records.

Section A: Receiving fund

Australian business number (ABN)	37 228-751-756
Fund name	A & J Jones Super Fund
Postal address	146 BLOOMFIELD ST
Suburb/town/location	CLEVELAND
State/territory	QLD
Postcode	4163
Country	Australia
Unique superannuation identifier (USI)	
Member client identifier	

Section B: Member's details

Tax file number (TFN)	390-058-800
Full name	
Title	Mr
Surname	Jones
First given name	Adam
Other given names	Richard
Residential address	18 PEAR ST
Suburb/town/location	REDLAND BAY
State/territory	QLD
Postcode	4165
Country	AUSTRALIA
Date of birth	05 August 1978
Daytime phone number	
Email address (if applicable)	adamrjones1978@hotmail.com

Section C: Rollover transaction details

Service period start date	05 August 1996
Tax components	
Tax-free component	\$5,956.92
KiwiSaver tax-free component	\$0.00
Taxable component	
Element taxed in the fund	\$223,036.67
Element untaxed in the fund	\$0.00
Total tax components	\$228,993.59
Preservation amounts	
Preserved amount	\$228,993.59
KiwiSaver preserved amount	\$0.00
Restricted non-preserved amount	\$0.00
Unrestricted non-preserved amount	\$0.00
Total preservation amounts	\$228,993.59

Section D: Non-complying funds

Contributions made to a non-complying super fund on or after 10 May 2006 \$0.00

Section E: Transferring fund

Fund Australian business number (ABN)	60 905-115-063
Fund name	QSuper Accumulation account
Contact name	Member Services
Daytime phone number	1300360750
Email address	QSUPER.ATOREPORTING@QSUPER.QLD.GOV.AU

Section F: Declaration

Authorised representative declaration

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	Neil Sheppard
Authorised representative signature	Neil Sheppard
Date	17 July 2020