

# Rollover benefits statement



038/430

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



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BY: .....



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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)	341-126-444
<b>Full name</b>	
Title	Mrs
Surname	Jones
First given name	Jacinta
Other given names	Helen
Residential address	18 PEAR STREET
Suburb/town/location	REDLAND BAY
State/territory	QLD
Postcode	4165
Country	AUSTRALIA
Date of birth	12 November 1980
Daytime phone number	
Email address (if applicable)	<a href="mailto:jazi@live.com.au">jazi@live.com.au</a>

## Section C: Rollover transaction details

Service period start date	01 November 1997
<b>Tax components</b>	
Tax-free component	\$2,394.16
KiwiSaver tax-free component	\$0.00
Taxable component	
Element taxed in the fund	\$147,751.09
Element untaxed in the fund	\$0.00
<b>Total tax components</b>	<b>\$150,145.25</b>
<b>Preservation amounts</b>	
Preserved amount	\$150,145.25
KiwiSaver preserved amount	\$0.00
Restricted non-preserved amount	\$0.00
Unrestricted non-preserved amount	\$0.00
<b>Total preservation amounts</b>	<b>\$150,145.25</b>

## 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	28 July 2020