Original - Send to rollover fund within 7 days of payment

Section 1 - Receiv	ing fund detail	ls			THIS FORM DC INCLUDED		
AustralianSuper					114020020		65 714 394 898
GPO Box 1901	2 2004			Unique	Superannuation Id	dentifier (US	1)
MELBOURNE VIC 3001 AUSTRALIA			Memb	er Client Identifier	10729166	99	
Section 2 - Individ	ual's details			_			
Individual's full nam		Surr	name or far	mily name	Blakemore		
Title First given name	Heather						
Other given names	Frances						
Address	173 Greave	es Ro	ad				
	NARRE W	ARRE	N SOUTH	H VIC 3	805		
			Em	nail		F	Ph
Date of Birth	26/02/1968	}	Sex	F	Tax File Number		156-635-710
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll-							
over fund.						F	Ph
Section 3 - Roll-ov	er payment de	etails		I	Eligible Service Pe	riod	
Components				!	Date started		19/02/1993
Tax-free component			\$14,51	6.48	Preservation amou	nts of the R	oll-over payment
KiwiSaver tax-free co	mponent		\$	0.00	Preserved amount		\$100,000.00
Taxable component					KiwiSaver preserved	d amount	\$0.00
Element taxed in the	fund		\$85,48	70.02	Restricted Non-Pres		\$0.00
Element untaxed in t	the fund		\$	0.00	Jnrestricted Non-Pr	eserved	\$0.00
Tax componer	nts TOTAL	\$^	100,000.0		servation amounts		\$100,000.00
Section 4 - Non-co	mplying Fund	s					
Contributions made			und on or	after 10	May 2006		
				\$	0.00		
Section 5 - Transfe	erring fund de	tails		Ψ		Payer ABN	31 952 911 451
Payer's Name	The Blakemore		rement Fu	und		ayor Abit	
Contact Name	Mr Mark Andre				mail jgibbon@bigpon	d.net.au Ph	(04) 2356 1792

Original - Send to rollover fund within 7 days of payment

Section 6 - Declaration	
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION	
I declare that the information contained in this statement is true and correct.	
Name	
Mr Mark Andrew Blakemore	
Trustee, director or officer signature	
	Date: / / 20
OR	
AUTHORISED REPRESENTATIVE DECLARATION	
I declare that: - I have prepared the statement with the information supplied by the superior I have received a declaration made by the superannuation provider that preparation of this statement is true and correct - I am authorised by the superannuation provider to give information in the	t the information provided to me for the
Name	
Mr Mark Andrew Blakemore	
Authorised representative signature	

Where to send this form

If the rollover standards **do not apply**to the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

Tax agent number (if you are a registered tax agent)

If the rollover standards do apply to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section 1)

Date:

/ 20

- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiving	ing fund detail	S		THIS FORM DOES NOT H INCLUDED IN A TAX F	_
AustralianSuper					N 65 714 394 898
GPO Box 1901	2004		Unique	Superannuation Identifier (US	51)
MELBOURNE VIC AUSTRALIA				per Client Identifier 10729166	399
Section 2 - Individ	ual's details				
Individual's full name	e Mrs	Surname or fa	mily name	Blakemore	
First given name	Heather			<u> </u>	
Other given names	Frances				
Address	173 Greave	s Road			
	NARRE WA	RREN SOUT	H VIC 3	805	
		Er	nail		Ph
Date of Birth	26/02/1968	Sex	F	Tax File Number (if required or permitted by	156-635-710
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll- over fund.					Ph
Section 3 - Roll-ov	er payment de	tails	Ī	Eligible Service Period	
Components			[Date started	19/02/1993
Tax-free component		\$14,5°	16.48	Preservation amounts of the R	coll-over payment
KiwiSaver tax-free co	mponent	;	\$0.00 F	Preserved amount	\$100,000.00
Taxable component				KiwiSaver preserved amount	\$0.00
Element taxed in the	fund	\$85,48	33.52 F	Restricted Non-Preserved	\$0.00
Element untaxed in t	he fund	(\$0.00 ℓ	Unrestricted Non-Preserved	\$0.00
Tax componer	nts TOTAL	\$100,000.0		servation amounts TOTAL AMOUNTS MUST BE EQUAL	\$100,000.00
Section 4 - Non-co	mplying Fund	S			
Contributions made	to a non-comply	ing fund on or	after 10 I	May 2006	
			\$(0.00	
Section 5 - Transfe	erring fund det	ails		Payer ABN	31 952 911 451
Payer's Name	The Blakemore	Retirement F	und		
Contact Name	Mr Mark Andre	w Blakemore	Е	mail jgibbon@bigpond.net.au Ph	1 (04) 2356 1792

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration	
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION	
I declare that the information contained in this statement is true and correct.	
Name	
Mr Mark Andrew Blakemore	
Trustee, director or officer signature	
	Date: / / 20
OR	Date. / / 20
OR AUTHORISED REPRESENTATIVE DECLARATION	
I declare that: - I have prepared the statement with the information supplied by the supera - I have received a declaration made by the superannuation provider that th preparation of this statement is true and correct - I am authorised by the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation in the statement is the superannuation provider to give information in the statement is the superannuation provider to give information in the statement is the superannuation in the superannuation in	e information provided to me for the
Name	
Mr Mark Andrew Blakemore	
Authorised representative signature	
	Date: / / 20

Where to send this form

If the rollover standards **do not apply**to the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

Tax agent number (if you are a registered tax agent)

If the rollover standards do apply to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Triplicate - Keep for your fund records

Section 1 - Receiv	ing fund detai	ls		THIS FORM DOES NO INCLUDED IN A TA		
AustralianSuper						65 714 394 898
GPO Box 1901	_		Unique	Superannuation Identifie		
MELBOURNE VIC 3001 AUSTRALIA			_	er Client Identifier 1072)
				1012	0.0000	
Section 2 - Individ		٦				
Title	IVIIS	Surname or fa	amily name	Blakemore		
First given name	Heather					
Other given names	Frances					
Address	173 Greave					
	NARRE W	ARREN SOUT	TH VIC 38	305		
		E	mail		Ph	
Date of Birth	26/02/1968	Sex	F	Tax File Number (if required or permitted	d by	156-635-710
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll over fund.	1				Ph	
Section 3 - Roll-ov	ver payment d	etails	E	ligible Service Period		
Components				ate started		19/02/1993
Tax-free component		\$14,5	16.48 P	Preservation amounts of	he Roll	-over payment
KiwiSaver tax-free co	mponent		\$0.00 F	reserved amount		\$100,000.00
Taxable component	t		K	tiwiSaver preserved amou	nt	\$0.00
Element taxed in the	e fund	\$85,4	.83.52 F	Restricted Non-Preserved		\$0.00
Element untaxed in	the fund		\$0.00	Inrestricted Non-Preserved	d _	\$0.00
Tax compone	nts TOTAL	\$100,000.		ervation amounts TOTAI AMOUNTS MUST BE EQU		\$100,000.00
Section 4 - Non-co	omplying Fund	ls				
Contributions made	to a non-compl	ying fund on o	r after 10 N	lay 2006		
			\$0	0.00		
Section 5 - Transfe	erring fund de	tails		Payer A	BN 3	31 952 911 451
Section 5 - Transformation 5 - Transformat	erring fund de The Blakemor		und	Payer A	BN 3	31 952 911 451

Triplicate - Keep for your fund records

	Sect	ion	6 - 1	Dec	ara	tio	ï
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TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

NI.	~ n	

Name				
Mr Mark Andrew Blakemore				
Trustee, director or officer signature				
	Date:	/	/ 20	
OR				

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 information in the statement to the ATO

Name

Name			
Mr Mark Andrew Blakemore			
Authorised representative signature			
	Date:	 / 20	
	Date.	 7 20	
Tax agent number (if you are a registered tax agent)			

Where to send this form

If the rollover standards do not applyto the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover standards do applyto the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.