

# Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

## Section 1 - Receiving fund details

AustralianSuper  
GPO Box 1901  
MELBOURNE VIC 3001  
AUSTRALIA

THIS FORM DOES NOT HAVE TO BE  
INCLUDED IN A TAX RETURN

Payee ABN 65 714 394 898

Unique Superannuation Identifier (USI)

Member Client Identifier 1072916699

## Section 2 - Individual's details

Individual's full name	Mrs	Surname or family name	Blakemore		
Title					
First given name	Heather				
Other given names	Frances				
Address	173 Greaves Road				
	NARRE WARREN SOUTH VIC 3805				
	Email			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-over payment details

Components		Eligible Service Period	
Tax-free component	\$14,516.48	Date started	19/02/1993
KiwiSaver tax-free component	\$0.00	<b>Preservation amounts of the Roll-over payment</b>	
<b>Taxable component</b>		Preserved amount	\$100,000.00
Element taxed in the fund	\$85,483.52	KiwiSaver preserved amount	\$0.00
Element untaxed in the fund	\$0.00	Restricted Non-Preserved	\$0.00
		Unrestricted Non-Preserved	\$0.00

Tax components TOTAL \$100,000.00

Preservation amounts TOTAL \$100,000.00

BOTH AMOUNTS MUST BE EQUAL

## Section 4 - Non-complying Funds

Contributions made to a non-complying fund on or after 10 May 2006

\$0.00

## Section 5 - Transferring fund details

Payer ABN 31 952 911 451

Payer's Name The Blakemore Retirement Fund

Contact Name Mr Mark Andrew Blakemore Email jgibbon@bigpond.net.au Ph (04) 2356 1792

# Rollover Benefit Statement

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 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

Mr Mark Andrew Blakemore

Authorised representative signature

Date:        /        / 20

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

### 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.

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.

# Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

## Section 1 - Receiving fund details

AustralianSuper  
GPO Box 1901  
MELBOURNE VIC 3001  
AUSTRALIA

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INCLUDED IN A TAX RETURN

Payee ABN 65 714 394 898

Unique Superannuation Identifier (USI)

Member Client Identifier 1072916699

## Section 2 - Individual's details

Individual's full name	Mrs	Surname or family name	Blakemore
Title			
First given name	Heather		
Other given names	Frances		
Address	173 Greaves Road		
	NARRE WARREN SOUTH VIC 3805		
	Email	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-over payment details

Components		Eligible Service Period	
		Date started	19/02/1993
Tax-free component	\$14,516.48	Preservation amounts of the Roll-over payment	
KiwiSaver tax-free component	\$0.00	Preserved amount	\$100,000.00
Taxable component		KiwiSaver preserved amount	\$0.00
Element taxed in the fund	\$85,483.52	Restricted Non-Preserved	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted Non-Preserved	\$0.00

Tax components TOTAL \$100,000.00

Preservation amounts TOTAL \$100,000.00

BOTH AMOUNTS MUST BE EQUAL

## Section 4 - Non-complying Funds

Contributions made to a non-complying fund on or after 10 May 2006

\$0.00

## Section 5 - Transferring fund details

Payer ABN 31 952 911 451

Payer's Name	The Blakemore Retirement Fund		
Contact Name	Mr Mark Andrew Blakemore	Email	jgibbon@bigpond.net.au
		Ph	(04) 2356 1792

# Rollover Benefit Statement

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

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Trustee, director or officer signature

Date:        /        / 20

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Date:        /        / 20

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# Rollover Benefit Statement

Triplicate - Keep for your fund records

## Section 1 - Receiving fund details

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GPO Box 1901  
MELBOURNE VIC 3001  
AUSTRALIA

Payee ABN 65 714 394 898

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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.					
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## Section 3 - Roll-over payment details

### Eligible Service Period

Components		Date started	19/02/1993
Tax-free component	\$14,516.48	<b>Preservation amounts of the Roll-over payment</b>	
KiwiSaver tax-free component	\$0.00	Preserved amount	\$100,000.00
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Tax components TOTAL \$100,000.00

Preservation amounts TOTAL \$100,000.00

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Payer ABN 31 952 911 451

Payer's Name	The Blakemore Retirement Fund		
Contact Name	Mr Mark Andrew Blakemore	Email	jgibbon@bigpond.net.au Ph (04) 2356 1792

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## Section 6 - Declaration

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