

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

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 1072916507

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Blakemore		
Title					
First given name	Mark				
Other given names	Andrew				
Address	173 Greaves Road				
	NARRE WARREN SOUTH VIC 3805				
	Email jgibbon@bigpond.net.au		Ph (04) 2356 1792		
Date of Birth	21/09/1960	Sex	M	Tax File Number (if required or permitted by)	312-483-329
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	\$31,205.14	Date started	08/12/1960
KiwiSaver tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
Taxable component		Preserved amount	\$275,000.00
Element taxed in the fund	\$243,794.86	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 \$275,000.00

Preservation amounts TOTAL \$275,000.00

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

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

Triplicate - Keep for your fund records

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 1072916507

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Blakemore		
Title					
First given name	Mark				
Other given names	Andrew				
Address	173 Greaves Road				
	NARRE WARREN SOUTH VIC 3805				
	Email jgibbon@bigpond.net.au			Ph (04) 2356 1792	
Date of Birth	21/09/1960	Sex	M	Tax File Number (if required or permitted by)	312-483-329
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	\$31,205.14	Date started	08/12/1960
KiwiSaver tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
Taxable component		Preserved amount	\$275,000.00
Element taxed in the fund	\$243,794.86	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 \$275,000.00

Preservation amounts TOTAL \$275,000.00

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

Triplicate - Keep for your fund records

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.