Original - Send to rollover fund within 7 days of payment

Section 1 - Receiv	ing fund detail	s			THIS FORM DOE INCLUDED IN		
AustralianSuper					IIIOLOBED II		65 714 394 898
GPO Box 1901 MELBOURNE VIC	2004			Unique	Superannuation Ide	entifier (USI)	
AUSTRALIA	, 3001			Memb	per Client Identifier	107291650)7
Section 2 - Individ	ual's details						
Individual's full nam	e Mr	Surname	or fan	nily name	Blakemore		
First given name	Mark						
Other given names	Andrew						
Address	ddress 173 Greaves Road						
	NARRE WA	ARREN S	TUC	VIC 3	805		
En				ail jgibb	on@bigpond.net.a	u P	h (04) 2356 1792
Date of Birth	21/09/1960	Sex	(М	Tax File Number (if required or per	rmitted 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.						P	h
Section 3 - Roll-ov	er payment de	tails			Eligible Service Peri	iod	
Components				1	Date started		08/12/1960
Tax-free component		\$:	31,20	5.14	Preservation amoun	nts of the Ro	II-over payment
KiwiSaver tax-free co	mponent		\$	0.00	Preserved amount		\$275,000.00
Taxable component					KiwiSaver preserved	amount	\$0.00
Element taxed in the	fund	\$24	43,79	4.86	Restricted Non-Prese	erved	\$0.00
Element untaxed in t	he fund		\$	0.00	Unrestricted Non-Pre	served	\$0.00
Tax components TOTAL \$275,000.00 Preservation amounts TOTAL \$275,000.00 BOTH AMOUNTS MUST BE EQUAL							
Section 4 - Non-co	mplying Fund	S					
Contributions made	to a non-comply	/ing fund o	on or	after 10	May 2006		
				\$	0.00		
Section 5 - Transfe	erring fund det	ails			Pa	ayer ABN	31 952 911 451
Payer's Name	The Blakemore	Retireme	ent Fu	ınd			
Contact Name	Mr Mark Andre	w Blakem	ore	E	mail jgibbon@bigpond	.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 - Receivi	ing fund detail	s			THIS FORM DO	OES NOT HA IN A TAX R		. •
AustralianSuper					IIVOLOBLE			714 394 898
GPO Box 1901				Uniqu	e Superannuation	Identifier (US	1)	
MELBOURNE VIC	; 3001			-	iber Client Identifie	-	-	
Section 2 - Individu	ual's details							
Individual's full name		Surname	e or fan	nily nam	ne Blakemore			
Title	Mark]						
First given name Other given names		Andrew						
Address								
NARRE WARREN SOUTH VIC 3805								
	NARRE WA	ARREN S						. () 0050 4700
			Em	ali jgib	bon@bigpond.net Tax File Numbe		n (0	94) 2356 1792
Date of Birth	21/09/1960	Se	x	M	(if required or p		3	12-483-329
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about	of							
this roll-over from the roll- over fund.						F	⊃h	
Section 3 - Roll-ov	er payment de	tails			Eligible Service P	eriod		
Components					Date started			08/12/1960
Tax-free component		\$	31,20	5.14	Preservation amo	unts of the R	oll-o	ver payment
KiwiSaver tax-free co	mponent		\$	0.00	Preserved amount			\$275,000.00
Taxable component					KiwiSaver preserve	ed amount		\$0.00
Element taxed in the	fund	\$2	43,79	4.86	Restricted Non-Pre	served		\$0.00
Element untaxed in t	he fund		\$	0.00	Unrestricted Non-P	reserved		\$0.00
Tax componer	nts TOTAL	\$275,	000.00		eservation amount			\$275,000.00
Section 4 - Non-co	mplying Fund							
Contributions made	. , ,		on or	ofter 10	May 2006			
Contributions made		/ilig luliu	OII OI (anter 10				
				(\$0.00			
Section 5 - Transfe	erring fund det	ails				Payer ABN	31	952 911 451
Payer's Name	The Blakemore	Retirem	ent Fu	ınd				
Contact Name	Mr Mark Andre	w Blaken	nore		Email jgibbon@bigpo	nd.net.au Ph	(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
	Date. / / 20
OR AUTHORISED REPRESENTATIVE DECLARATION	
I declare that: - I have prepared the statement with the information supplied by the superar - I have received a declaration made by the superannuation provider that the preparation of this statement is true and correct - I am authorised by the superannuation provider to give information in the s	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 detail	S		THIS FORM DOES NOT INCLUDED IN A TAX		. •
AustralianSuper						5 714 394 898
GPO Box 1901			Uniqu	ue Superannuation Identifier (l		
MELBOURNE VIC	3001			mber Client Identifier 107291	- 1	
Section 2 - Individ	ual's details					
Individual's full nam		Surname or	family na	me Blakemore		
Title	Mark	J Garriamo or		Diditornord		
First given name						
Other given names Address	173 Greaves Road					
		RREN SOU	ITH VIC	2005		
	NARRE WA					24) 2250 4702
				bbon@bigpond.net.au Tax File Number		04) 2356 1792
Date of Birth	21/09/1960	Sex	М	(if required or permitted b	y 3	312-483-329
Name and Address of authorised agent or	of					
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		Eligible Service Period		
Components				Date started		08/12/1960
Tax-free component		\$31,	,205.14	Preservation amounts of the	Roll-o	ver payment
KiwiSaver tax-free co	mponent		\$0.00	Preserved amount		\$275,000.00
Taxable component	:			KiwiSaver preserved amount		\$0.00
Element taxed in the	fund	\$243,	,794.86	Restricted Non-Preserved		\$0.00
Element untaxed in t	the fund		\$0.00	Unrestricted Non-Preserved		\$0.00
Tax compone	nts TOTAL	\$275,000	رم 0.00	reservation amounts TOTAL		\$275,000.00
Tax componer	INIS TOTAL	. ,		H AMOUNTS MUST BE EQUAL	_	• • • • • • • • • • • • • • • • • • • •
Section 4 - Non-co	mplying Fund	s				
Contributions made			or after 1	0 May 2006		
				\$0.00	24	952 911 451
Section 5 - Transfe				Payer ABN	1 21	352 311 451
Payer's Name	The Blakemore				/0.:) 0050 4500
Contact Name	Mr Mark Andre	w Blakemor	е	Email jgibbon@bigpond.net.au	Ph (04)) 2356 1792

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.

Nome	•

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.