

# Rollover benefits statement

## Section A: Receiving fund

1 **Australian business number (ABN)**

2 **Fund name**

3 **Postal address**

Suburb/town/locality  State/territory  Postcode

Country if outside Australia

4 (a) **Unique Superannuation Identifier (USI)**

(b) **Member Client Identifier**

## Section B: Member details

5 **Tax file number (TFN)**

6 **Full name**  
Title   
Family name   
First given name  Other given names

7 **Residential address**  
Street address

Suburb/town/locality  State/territory  Postcode

Country if outside Australia

8 **Date of birth**  Day/Month/Year

9 **Sex** Male  Female

10 **Daytime phone number** (include area Code)

11 **Email address** (if applicable)

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## Section C: Rollover transaction details

12	<b>Service period start date</b>	Day/Month/Year	<input type="text" value="07/12/1998"/>
13	<b>Tax components:</b>		
	Tax-free component	\$	<input type="text" value="0.00"/>
	KiwiSaver tax-free component	\$	<input type="text" value="0.00"/>
	Taxable component:		
	Element taxed in the fund	\$	<input type="text" value="98,000.00"/>
	Element untaxed in the fund	\$	<input type="text" value="0.00"/>
	<b>TOTAL Tax components</b>	\$	<input type="text" value="98,000.00"/>
14	<b>Preservation amounts:</b>		
	Preserved amount	\$	<input type="text" value="98,000.00"/>
	KiwiSaver preserved amount	\$	<input type="text" value="0.00"/>
	Restricted non-preserved amount	\$	<input type="text" value="0.00"/>
	Unrestricted non-preserved amount	\$	<input type="text" value="0.00"/>
	<b>TOTAL Preservation amounts</b>	\$	<input type="text" value="98,000.00"/>

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## Section D: Non-complying funds

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

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## Section E: Transferring fund

16 Fund's ABN

17 Fund's name

18 Contact name

19 Daytime phone number (include area Code)

20 Email address (if applicable)

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## Section F: Declaration

### AUTHORISED REPRESENTATIVE DECLARATION:

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

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

Authorised representative signature

Date