## **Rollover benefits statement**

Section A: Receiving fund					
1	Australian business number (ABN) 52 293 680 376				
2	Fund name				
	CHAOS UNDIVIDED SMSF				
3 Postal address					
•	Unit 2 278 BEAUFORT ST				
	Suburb/town/locality		tate/territory		Postcode
	PERTH	V	VA		6000
	Country if outside Australia				
4	(a) Unique Superannuation Identifier (USI)				
	C400 Capotaninaanon 1201111101 (C.C.)			]	
	(b) Member Client Identifier	C Eastley			
Section B: Member details					
5	Tax file number (TFN)         371 108 676				
6	Full name				
	Title Mr				
	Family name				
	Eastley				
	First given name Other given names				
	Christopher				
7	Residential address				
	Street address				
	33 Valentine Road				
	Suburb/town/locality	State/territory			Postcode
	ARMADALE	WA			6112
	Country if outside Australia				
0	Day/Month/Year  Date of birth  12/05/1981				
8	Date of birtii 12/05/1961				
9	Sex Male X Female				
10	Daytime phone number (include area Code) 0894173060				
11	Email address (if applicable)				
••	archaon383@hotmail.com				
	ar or a o				

## Section C: Rollover transaction details Day/Month/Year 07/12/1998 12 Service period start date 13 Tax components: 0.00 Tax-free component 0.00 KiwiSaver tax-free component Taxable component: 98,000.00 Element taxed in the fund 0.00 Element untaxed in the fund TOTAL Tax components |\$ 98,000.00 Preservation amounts: 98,000.00 Preserved amount 0.00 KiwiSaver preserved amount 0.00 Restricted non-preserved amount 0.00 Unrestricted non-preserved amount TOTAL Preservation amounts \$ 98,000.00 Section D: Non-complying funds Contributions made to a non-complying fund on or after 10 May 2006 0.00 Section E: Transferring fund 16 Fund's ABN 65 | 714 | 394 | 898 17 Fund's name AustralianSuper 18 **Contact name** AustralianSuper Contact Centre 1300 300 273 19 Daytime phone number (include area Code) Email address (if applicable) 20 email@australiansuper.com 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 JOE NEKIC Authorised representative signature JOE NEKIC Day / Month / Year Date 08/11/2019