



27 February 2021

## ե<u>վիրիկնինիի իրելի ինիալինի</u>առութիկրին

D87449BPOVRNT
Joseph Family Super Fund
10 Trader Close
COFFS HARBOUR NSW 2450

Dear Administrator

### Rollover from UniSuper for Mrs Kaylene Joy Joseph UniSuper Member Number: 13900731

The above member has instructed the Trustee of their intention to rollover their benefit entitlement to your organisation. We have credited the amount to your bank account. Accordingly we enclose the following:

1. Rollover Benefits Statement

If you have any additional queries please do not hesitate to contact a Member Services Consultant on 1800 331 685.

Yours sincerely

Lee Scales

Lee Scales Chief Customer Officer

> Fund: UniSuper ABN 91385943850

Trustee: UniSuper Limited ABN 54 006 027 121 AFSL 492806

Administrator: UniSuper Management Pty Ltd ABN 91 006 961 799 AFSL 235907

Helpline 1800 331 685

Head Office Level 1, 385 Bourke Street Melbourne VIC 3000

unisuper.com.au

# **Rollover Benefits Statement**

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.

- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA.

If the rollover standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund within seven days of paying them the rollover
- provide a copy to the member within 30 days of paying the rollover

- keep a copy in your records for a period of five years.

If the rollover data 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 (i.e. do not send this form to the receiving fund)
- use this form only to provide a statement to the member within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

### SECTION A: RECEIVING FUND

1 Australian business number (ABN) : 92 879-632-553

2 Fund name : JOSEPH FAMILY SUPER FUND

3 Postal address : 10 TRADER CLOSE

Suburb/Town : COFFS HARBOUR State : NSW

Postcode : 2450 Country (if other than Australia) :

4 (a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier

### SECTION B: MEMBER'S DETAILS

5 Tax File Number(TFN) : 264 855 825

6 Full Name

Title : Mrs
Family Name : JOSEPH
First Given Name : Kaylene

Other Given Name(s) : Joy

7 Residential Address : 10 TRADER CLOSE

Suburb/Town : COFFS HARBOUR

State : NSW Postcode : 2450

Country : 18 / 01 / 1964

9 Sex : Female

, Telliai

10 Daytime phone number 11 Email address (if applicable)

### SECTION C: ROLLOVER TRANSACTION DETAILS

12 Service period start date : 15 / 08 / 2016

13 Tax components

Tax components TOTAL

Tax-free component	\$ 13,306.88
KiwiSaver Tax-free component	\$ 0.00
Taxable component	(e)
Element taxed in the fund, and	\$ 33,849.55
Element untaxed in the fund	\$ 0.00

47,156.43

# Preserved amount Preserved amount KiwiSaver Preserved amount Restricted non-preserved amount Unrestricted non-preserved amount Preservation amounts TOTAL \$ 47,156.43

### SECTION D: NON-COMPLYING FUNDS

15 Contributions made to a non-complying \$ 0.00 fund on or after 10 May 2006

### SECTION E: TRANSFERRING FUND

 16 Fund ABN
 : 91 385-943-850

 17 Fund name
 : UNISUPER

 18 Contact name
 : COMPLIANCE

 19 Daytime phone number
 : 0388316100

### SECTION F: DECLARATION

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

I declare that the information contained in the statement is true and correct.

Name : Lee Scales

Trustee, director, or authorised officer signature : Lee Scales

Date : 27 February 2021