

Section A: **Receiving fund's details** - please state information below, if known.

Australian business number (ABN):65794901421 Unique Superannuation identifier (USI):
Name:PATERSON SUPER FUND Member client identifier:D PATERSON
Postal address - Street address:PO Box 615
Suburb/town/locality:BULIMBA State/territory:QLD Postcode:4171

Section B: **Members's details** - please state information below, if known.

Tax file number (TFN):174069697
Full name:
Title:Dr Family name:Paterson
First given name:David Leslie Other given names:
Postal address - Street address:Post Office Box 615
Suburb/town/locality:BULIMBA State/territory:QLD Postcode:4171
Date of birth:16/12/1965 Sex:Male
Daytime phone number (include area code): Email address (if applicable):
david.antibiotics@gmail.com

Section C: **Rollover transaction details**

Service period start date: 21/11/2007

Tax components:	Preservation amounts:
Tax-free component: \$ 0.00	Preserved amount: \$ 17,288.59
KiwiSaver tax-free component: \$ 0.00	KiwiSaver preserved amount: \$ 0.00
Taxable component:	Restricted non-preserved amount: \$ 0.00
Element taxed in the fund: \$ 17,288.59	Unrestricted non-preserved amount: \$ 0.00
Element untaxed in the fund: \$ 0.00	Total preservation amounts: \$ 17,288.59
Total Tax components: \$ 17,288.59	

Section D: **Non-complying fund** - only complete if you're a trustee of a non-complying fund.

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

Section E: **Declaration**

Fund's ABN:98 503 137 921 Fund's name:Sunsuper
Contact name Steve Davidson Email address (if applicable):
Daytime phone number (including area code):13 11 84
Signature of authorised person:
Steve Davidson Date:10/05/2019

You do not need to send a copy of this statement to the Australian Taxation Office, however, you must keep a copy for your records for a period of five years.

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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 (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 65 794-901-421
 Fund Name : PATERSON SUPER FUND
 Postal Address : PO Box 165
 Suburb/town/locality : VIRGINIA BC
 State/territory : QLD
 Postcode : 4014
 Country :
 (a) Unique superannuation identifier :
 (b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 174 069 697
 Full Name :
 Title : Dr
 Family Name : PATERSON
 First Given Name : David
 Other Given Name(s) : Leslie
 Residential Address : PO BOX 615
 :
 Suburb/town/locality : BULIMBA
 State/territory : QLD
 Postcode : 4171
 Country :
 Date of Birth : 16 / 12 / 1965
 Sex : Male
 Daytime phone number : 0738326628
 Email address (if applicable) : david.antibiotics@gmail.com

SECTION C: Rollover Transaction Details

Service period start date	04 / 01 / 1993		
Tax Components			
Tax-free component	\$	✓ 362.88	
KiwiSaver tax-free component	\$	0.00	
Taxable component			
Element taxed in the fund	\$	✓ 38,418.65	
Element untaxed in the fund	\$	0.00	
Tax components TOTAL			\$ 38,781.53
Preservation amounts			
Preserved amount	\$	✓ 38,781.53	
KiwiSaver preserved component	\$	0.00	
Restricted non-preserved amount	\$	0.00	
Unrestricted non-preserved amount	\$	0.00	
Preservation amounts TOTAL			\$ 38,781.53

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 60 905 115 063
 Fund name : QSUPER ACCUMULATION ACCOUNT
 Contact name : MEMBER SERVICES
 Daytime phone number : 1300360750
 Email address : QSUPER.ATOREPORTING@QSUPER.

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 : NEIL SHEPPARD

Authorised representative signature : NEIL SHEPPARD

Date: 17 May 2019

Tax agent number (if you are a registered tax agent)

Where to send this form

Do not send this form to the ATO

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

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B 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 (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

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13 May 2019



Mr David Paterson
PO BOX 615
BULIMBA QLD 4171

R04

Your contacts

Customer Care Centre
E askamp@amp.com.au
W amp.com.au
T 131 267 (131 AMP) F 1300 301 267
AMP Life Limited
PO Box 300 PARRAMATTA NSW 2124

Your details

ACCOUNT NAME
David Leslie Paterson
PLAN NUMBER
Q5086353-Q
REQUEST ID
1040855043

Rollover of superannuation benefits

Investment Linked Personal Super Plan

The following information relates to a full rollover payment from your plan.

Payment details

Payee name	Payment details	Amount
Paterson Super Fund	EFT ***** - ***21582	\$966.61

Withdrawal from your investment option

Investment option	No. of units cashed	Release price \$	Cash value factor	Value \$
AMP Balanced Growth	Initial	481.89	0.882	966.60
Gross withdrawal amount			\$966.61	

- We calculated your payment using the release price on 7 May 2019.
- If you cash your initial units before your plan ends, we apply a cash value factor (currently 0.882) to the value of the initial units. We pay the full value of initial units when your plan matures.
- **Note:** The value of the investment components have been rounded. There may be a discrepancy between the total of these values and the **Gross withdrawal amount**. Please be assured that the **Gross withdrawal amount** is the correct amount. If you have concerns about the amounts shown please contact us at AMP.

Withdrawal details

Withdrawal components	Amount \$
Gross withdrawal amount	966.61
Total payment amount	\$966.61

Enclosed documents

We have enclosed the following document(s):

- **Rollover benefit statement** for your records.

Any questions?

If you have any questions, please contact us or call your financial planner.

Sincerely,



Craig Dainton
Director Operations

What you need to know

This document does not take into account your financial situation, objectives and needs. Before you make any investment decision, it is important that you consider these matters and read the **Policy document**.

Any advice in this document is provided by AMP Superannuation Limited (ASL), ABN 31 008 414 104, AFSL No. 233060 which is part of the AMP group of companies.

ASL is the trustee of the AMP Superannuation Savings Trust, ABN 76 514 770 399, of which your plan is a part.



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Rollover Benefit Statement

The original of this form has been sent to your rollover institution. Please keep this copy for your records.

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

Name:

Address:

Unique Superannuation Identifier (USI) or Member client identifier:

SECTION B: MEMBER DETAILS

Tax file number:

Title:

Family name:

Given name:

Other given names:

Postal address:

Date of birth:

Sex: F M

Daytime phone number (include area code):

Email address (if applicable):

SECTION C: ROLLOVER TRANSACTION DETAILS

1. Service period start date

2. Tax components

- Tax - free component
- KiwiSaver Tax-free component

SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)

• Taxable component

Element taxed in the fund, and

0.00

Element untaxed in the fund

0.00

TOTAL Tax Components

966.61

3. Preservation amounts

• Preserved amount

966.61

• KiwiSaver preserved amount

0.00

• Restricted non-preserved amount

0.00

• Unrestricted non-preserved amount

0.00

TOTAL Preservation Amounts

966.61

SECTION D: NON-COMPLYING FUNDS

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

[Empty box]

SECTION E: TRANSFERRING FUND

ABN:

76 514 770 399

Fund's name:

AMP Superannuation Savings Trust

Contact name:

Pandurang Madane

Email address (if applicable):

[Empty box]

Daytime phone number (including area code):

131 267 (131 AMP)

SECTION F: 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 the information in the statement to the ATO.

Signature of authorised person:

Pandurang Madane

Date:

13/05/2019