

THE TRUSTEE FOR MACARINA SUPER FUND
U 4
2A PEEL ST
MANDURAH 6210 WA

Member number
108312358

Member name: DAVID MACDONALD

ROLLOVER

Please find enclosed a cheque for \$400,000.00 which represents a rollover of the above member's benefits from MLC SUPER FUND.

We have also enclosed the following in relation to this payment;

- **Rollover Benefit Statement**

Any questions?

If you have any questions, or would like more information, please contact us on **1300 55 7586**, 8am to 7pm AEST (8pm daylight savings time), Monday to Friday or go to **plum.com.au**

ENTERED

Issuer/Trustee
NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

Fund
MLC Super Fund
ABN 70 732 426 024

GPO Box 63
Melbourne VIC 3001

Tel 1300 55 7586
Fax 1300 99 7586
plum.com.au

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

THE TRUSTEE FOR MACARINA SUPER FUND

3 Postal address

Street address

U 4
2A PEEL ST,

Suburb/town/locality

MANDURAH

State/territory

6210

Postcode

WA

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)

6 Full name

Title

MR

Family name

MACDONALD

First given name

DAVID

Other given names

7 Residential address

Street address

10 CARINA CIRCLE

Suburb/town/locality

HALLS HEAD

State/territory

WA

Postcode

6210

Country if other than Australia

8 Date of birth

Day

/

Month

/

Year

9 Sex

Male

Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

12 Service period start date / /

13 Tax components

Tax-free component \$

KiwiSaver tax-free component \$

Taxable component:

Element taxed in the fund \$

Element untaxed in the fund \$

Tax components TOTAL \$

14 Preservation amounts

Preserved amount \$

KiwiSaver preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$

Section D: Non-complying funds

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name

19 Daytime phone number (include area code)

20 Email address (if applicable)

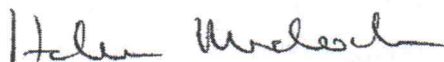
Section F: Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature



Date

/ /

Employee's Copy