

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN) 47 434 377 672

2 Name

THE TRUSTEE FOR CHRIS DAWN SMSF

3 Postal address

UNIT 2 278 BEAUFORT ST
PERTH WA 6000

4a Unique Superannuation Identifier (USI):

4b Member Client Identifier: 18-01-1956

Section B: Member's details

5 Tax file number (TFN) 485 556 206

6 Full name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

SUTCLIFFE

First given name

CHRISTOPHER

Other given names

JOHN ✓

7 Residential address

Street address

41 Lantana Way

Suburb/town/locality

CAMILLO

State/territory

WA

Postcode

6111

Country if outside Australia

8 Date of birth

Day / Month / Year
18 / 01 / 1956

9 Sex

Male ☒ Female ☐

10 Daytime phone number (include area code)

11 Email address (if applicable)

chrissutcliffe@bigpond.com

Section C: Rollover transaction details

12 Service period start date

Day	Month	Year
21	01	1997

13 Tax components:

Tax-free component \$ 56.12
KiwiSaver Tax-free component \$ 0.00
Taxable component:
Element taxed in the fund \$ 13,943.88
Element untaxed in the fund \$ 0.00

Tax Components TOTAL \$ 14,000.00

14 Preservation amounts:

Preserved amount \$ 0.00
KiwiSaver preserved amount \$ 0.00
Restricted non-preserved amount \$ 0.00
Unrestricted non-preserved amount \$ 14,000.00

Preservation Amounts TOTAL \$ 14,000.00

Section D: Non-complying funds

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

Section E: Transferring fund

16 Fund's ABN 61 808 189 263

17 Fund's name

RETIREMENT PORTFOLIO SERVICE

18 Contact name

Joshua Cross

19 Daytime phone number (include area code) 13 36 65

20 Email address (if applicable)

customer@onepath.com.au

Section F: Declaration

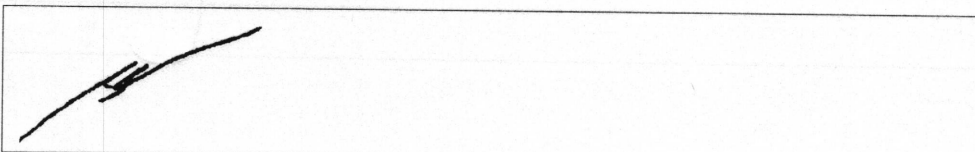
AUTHORISED OFFICER DECLARATION:

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

Name (BLOCK LETTERS)

JOSHUA CROSS

Authorised officer signature



DATE

Day	Month	Year
07	11	2019