



1 August 2019



To the Manager
Bourkeshire Super
Ref No : 1
631 Bourke St
SURRY HILLS NSW 2010

Your contacts

E askamp@amp.com.au
W amp.com.au
T 133 888 F 1300 301 267

AMP Life Limited
PO Box 300 PARRAMATTA NSW 2124

Your details

ACCOUNT NAME
Ali Murat Inceoglu
ACCOUNT NUMBER
920891385
MONTH AND YEAR OF BIRTH
Not supplied

Rollover from Flexible Lifetime[®] – Super

Withdrawal number: 163620316

The following information relates to a payment from Flexible Lifetime – Super account 920891385 in the name of Ali Murat Inceoglu.

Member name	Payment details	Amount \$
Ali Murat Inceoglu	EFT ***** - *****41745	181,666.99

Enclosed documents

We have enclosed a **Rollover Benefit Statement** for your records.

We're here to help

If you have any questions, please contact us.

Yours sincerely,

Craig Dainton
Director Operations

What you need to know

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.



Rollover Benefit Statement

Original

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):	<input type="text" value="41311846105"/>
Name:	<input type="text" value="Bourkeshire Super"/>
Address:	<input type="text" value="Ref No : 1"/> <input type="text" value="631 Bourke St"/> <input type="text" value="Surry Hills NSW 2010"/>
Unique Superannuation Identifier (USI)	<input type="text"/>
or	
Member client identifier:	<input type="text" value="1"/>

SECTION B: MEMBER DETAILS

Tax file number:	<input type="text" value="360168441"/>
Title:	<input type="text" value="Mr"/>
Family name:	<input type="text" value="Inceoglu"/>
Given name:	<input type="text" value="Ali Murat"/>
Other given names:	<input type="text"/>
Postal address:	<input type="text" value="631 Bourke St"/> <input type="text" value="SURRY HILLS NSW 2010"/>
Date of birth:	<input type="text" value="15/12/1966"/>
Sex:	F <input type="text"/> M <input checked="" type="text" value="X"/>
Daytime phone number (include area code):	<input type="text"/>
Email address (if applicable):	<input type="text"/>

SECTION C: ROLLOVER TRANSACTION DETAILS

1. Service period start date	<input type="text" value="23/02/1996"/>
2. Tax components	
• Tax - free component	<input type="text" value="626.60"/>
• KiwiSaver Tax-free component	<input type="text" value="0.00"/>

SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)

• Taxable component	
<input type="checkbox"/> Element taxed in the fund, and	181,040.39
<input type="checkbox"/> Element untaxed in the fund	0.00
TOTAL Tax Components	181,666.99

3. Preservation amounts

• Preserved amount	181,666.99
• KiwiSaver preserved amount	0.00
• Restricted non-preserved amount	0.00
• Unrestricted non-preserved amount	0.00
TOTAL Preservation Amounts	181,666.99

SECTION D: NON-COMPLYING FUNDS

Contributions made to a non-complying fund on or after 10 May 2006	
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SECTION E: TRANSFERRING FUND

ABN:	76 514 770 399
Fund's name:	AMP Superannuation Savings Trust
Contact name:	Craig Dainton
Email address (if applicable):	
Daytime phone number (including area code):	133 888

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:	Craig Dainton
Date:	01/08/2019