

Retail Employees Superannuation Trust

24 DEC 2020

Telephone: 1300 300 778

Membership Number: 131901933

Mrs A Casey
47 Austin Cres
CONSTITUTION HILL NSW 2145

Dear Mrs Casey,

RE: Retail Employees Superannuation Trust

We are pleased to advise that we have completed the transfer of your benefit in accordance with your instructions.

Your benefit has been calculated as follows:

Gross Benefit

\$5,000.00

Net Benefit Transferred

\$5,000.00

Documents enclosed with this letter

* Rollover Benefit Statement

If you require further information, please call 1300 300 778.

Peter Johnson Head of Service Delivery **REST Industry Super**

	Section A: Receiving fund	1001 127 1311				
	1 Australian business number (ABN)	21 525 332 024				
	2 Fund Name	A STATE OF THE PERSON NAMED IN				
	The Trustee for Casey Family Superfund		William St. Co.			
3	Postal address					
	47 Austin Cr					
	Suburb/town/locality	State/territory				
	CONSTITUTION HILL	NSW	Postcode			
	Country if other than Australia		2145			
	(a) Unique Superannuation Identifier (USI)		7			
	(b) Member Client Identifier					
		02				
е	ection B: Member's details					
	Tax file number (TFN) 195 065 592					
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	Family name					
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12	Service period start date	17 / 11 / 19	997				
13	Tax components:		-	0.07	1		
	Tax-free component		\$	6.67			
	KiwiSaver tax-free component		\$	0.00			
	Taxable component:				1		
	Element taxed in the fund		\$	4,993.33			
	Element untaxed in the fund		\$	0.00			-
20	2 30 12 2		TOTAL	Tax components	\$	5,000.00	
14	Preservation amounts:				1		
	Preserved amount		\$	5,000.00			
	KiwiSaver preserved amount		\$	0.00			
	Restricted non-preserved amount		\$	0.00			
	Unrestricted non-preserved amount		\$	0.00	1		
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Retail Employees Superannuation Trust

1A Homebush Bay Drive Rhodes NSW 2138 P O Box 350 PARRAMATTA NSW 2124

Tel 1300 300 778 Fax 1300 363 070

24 DEC 2020

Telephone:

1300 300 778

The Trustee for Casey Family Superfund 47 Austin Cr

CONSTITUTION HILL NSW 2145

Dear Sir/Madam,

RE: Retail Employees Superannuation Trust

We are pleased to advise that we have sent an amount of \$5,000.00 by electronic funds transfer to the financial institution as instructed. It represents the amount transferred from the above mentioned fund by Mrs A Casey

A Rollover Benefits Statement is enclosed with this letter. If you have any questions please call us on 1300 300 778.

Eleanor Pereira REST Administration Retail Employees Superannuation Trust

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	525 332 024	
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Suburb/town/locality	State/territory	Postcode
CONSTITUTION HILL	NSW	2145
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(a) Unique Superannuation Identifier (USI)		
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tion B: Member's details		
Tax file number (TFN) 195 065 592		
Full name		
Title Mrs		
Family name		
Casey	STATE BOWNER	
First given name Other given names	100 100 100 100	
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Residential address		
47 Austin Cres		
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Section E: Transferring fund Fund's ABN Fund's ABN Fund's name Retail Employees Superannuation Trust Contact name Retail Employees Superannuation Trust Contact Centre Daytime phone number (include area Code) Daytime phone number (include area Code) Cotion 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 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 JOE NEKIC Authorised representative signature		TOTAL Preservation Amounts	3	5,000.00	Control of the last
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