



Rollover benefits statement

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

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

## Rollover benefits statement

### Section A: Receiving fund

- 1 Australian business number (ABN)
- 2 Fund Name
- 3 Postal address   
  
Suburb/town/locality  State/territory  Postcode   
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   
Family name   
First given name  Other given names
- 7 Residential address   
  
Suburb/town/locality  State/territory  Postcode   
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

Day/Month/Year

12 Service period start date 17 / 11 / 1997

#### 13 Tax components:

Tax-free component \$ 6.67

KiwiSaver tax-free component \$ 0.00

#### Taxable component:

Element taxed in the fund \$ 4,993.33

Element untaxed in the fund \$ 0.00

**TOTAL Tax components \$ 5,000.00**

#### 14 Preservation amounts:

Preserved amount \$ 5,000.00

KiwiSaver preserved amount \$ 0.00

Restricted non-preserved amount \$ 0.00

Unrestricted non-preserved amount \$ 0.00

**TOTAL Preservation Amounts \$ 5,000.00**

### 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 62 | 653 | 671 | 394

17 Fund's name Retail Employees Superannuation Trust

18 Contact name Retail Employees Superannuation Trust Contact Centre

19 Daytime phone number (include area Code) 1300 300 778

20 Email address (if applicable)

### 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

JOE NEKIC

Authorised representative signature

JOE NEKIC

Day / Month / Year

Date 24 / 12 / 2020



Retail Employees Superannuation Trust

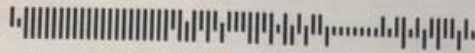
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P O Box 350  
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Tel 1300 300 778  
Fax 1300 363 070

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

## Rollover benefits statement

### Section A: Receiving fund

1 Australian business number (ABN)

2 Fund Name

3 Postal address   
  
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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**

Day/Month/Year

12 Service period start date

13 Tax components:

Tax-free component	\$	<input type="text" value="6.67"/>
KiwiSaver tax-free component	\$	<input type="text" value="0.00"/>
Taxable component:		
Element taxed in the fund	\$	<input type="text" value="4,993.33"/>
Element untaxed in the fund	\$	<input type="text" value="0.00"/>
TOTAL Tax components		\$ <input type="text" value="5,000.00"/>

14 Preservation amounts:

Preserved amount	\$	<input type="text" value="5,000.00"/>
KiwiSaver preserved amount	\$	<input type="text" value="0.00"/>
Restricted non-preserved amount	\$	<input type="text" value="0.00"/>
Unrestricted non-preserved amount	\$	<input type="text" value="0.00"/>
TOTAL Preservation Amounts		\$ <input type="text" value="5,000.00"/>

**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's ABN

17 Fund's name

18 Contact name

19 Daytime phone number (include area Code)

20 Email address (if applicable)

**Section F: Declaration**

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Name

Authorised representative signature

Day / Month / Year

Date