



9 May 2019

To the Manager
Rustalan Smsf
23 Milton Pde
MALVERN VIC 3144

Your contacts

E askamp@amp.com.au
W amp.com.au
T 131 267 (131 AMP) F 1300 301 267
AMP Life Limited
PO Box 300 PARRAMATTA NSW 2124

Your details

ACCOUNT NAME
Alan Vaughan
ACCOUNT NUMBER
965967975
MONTH AND YEAR OF BIRTH
Not supplied

Rollover from AMP Eligible Rollover Fund

Withdrawal number: 150671276

The following information relates to a payment from AMP Eligible Rollover Fund account 965967975 in the name of Alan Vaughan.

Member name	Payment details	Amount \$
Alan Vaughan	EFT ***** - ****99981	7,200.00

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 Eligible Rollover Fund, ABN 32 931 224 407.



Rollover Benefit Statement

Original

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):	<input type="text" value="15182722484"/>
Name:	<input type="text" value="Rustalan Smsf"/>
Address:	<input type="text" value="23 Milton Pde"/> <input type="text" value="Malvern VIC 3144"/>
Unique Superannuation Identifier (USI) or Member client identifier:	<input type="text"/> <input type="text" value="VAUGHAN, A"/>

SECTION B: MEMBER DETAILS

Tax file number:	<input type="text" value="327339836"/>
Title:	<input type="text" value="Mr"/>
Family name:	<input type="text" value="Vaughan"/>
Given name:	<input type="text" value="Alan"/>
Other given names:	<input type="text"/>
Postal address:	<input type="text" value="91a Esther Cres"/> <input type="text" value="MOOROOLBARK VIC 3138"/>
Date of birth:	<input type="text" value="23/12/1952"/>
Sex:	F <input type="checkbox"/> M <input checked="" type="checkbox"/>
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="14/06/1989"/>
2. Tax components	
• Tax - free component	<input type="text" value="0.00"/>
• KiwiSaver Tax-free component	<input type="text" value="0.00"/>

SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)

- Taxable component

- Element taxed in the fund, and

7,200.00

- Element untaxed in the fund

0.00

TOTAL Tax Components

7,200.00

3. Preservation amounts

- Preserved amount

0.00

- KiwiSaver preserved amount

0.00

- Restricted non-preserved amount

0.00

- Unrestricted non-preserved amount

7,200.00

TOTAL Preservation Amounts

7,200.00

SECTION D: NON-COMPLYING FUNDS

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

SECTION E: TRANSFERRING FUND

ABN:

32 931 224 407

Fund's name:

AMP Eligible Rollover Fund

Contact name:

Craig Dainton

Email address (if applicable):

Daytime phone number (including area code):

131 267 (131 AMP)

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:

09/05/2019