



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  
Keith McInnes  
ACCOUNT NUMBER  
965968015  
MONTH AND YEAR OF BIRTH  
Not supplied

## Rollover from AMP Eligible Rollover Fund

Withdrawal number: 150672016

The following information relates to a payment from AMP Eligible Rollover Fund account 965968015 in the name of Keith McInnes.

Member name	Payment details	Amount \$
Keith McInnes	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="MCINNES, K"/>

### SECTION B: MEMBER DETAILS

Tax file number:	<input type="text" value="329172111"/>
Title:	<input type="text" value="Mr"/>
Family name:	<input type="text" value="McInnes"/>
Given name:	<input type="text" value="Keith"/>
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="13/03/1956"/>
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

<b>1. Service period start date</b>	<input type="text" value="28/02/1994"/>
<b>2. Tax components</b>	
• 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

- Element untaxed in the fund

TOTAL Tax Components

### 3. Preservation amounts

- Preserved amount

- KiwiSaver preserved amount

- Restricted non-preserved amount

- Unrestricted non-preserved amount

TOTAL Preservation Amounts

### SECTION D: NON-COMPLYING FUNDS

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

### SECTION E: TRANSFERRING FUND

ABN:

Fund's name:

Contact name:

Email address (if applicable):

Daytime phone number (including area code):

### 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:

Date: