

GPO Box 1901 T 1300 300 273  
Melbourne F 1300 366 273  
VIC 3001 www.australiansuper.com/email  
Australia www.australiansuper.com

AustralianSuper



22 August 2018



The Trustee for Royle Kennedy Super Fund  
PO Box 165  
VIRGINIA BC QLD 4014

Dear Sir/Madam

### Transferred super account

Member number: J.Kennedy

Enclosed is the *Rollover benefits statement* for Mr Jason Kennedy who has asked to transfer their AustralianSuper account to The Trustee for Royle Kennedy Super Fund.

### We're here to help

If you need help or have any questions, please call us on **1300 300 273** from **8am to 8pm AEST/AEDT weekdays** or visit our website anytime at **australiansuper.com**

Sincerely

AustralianSuper

Enclosure/s: , *Rollover benefits statement*

INST-CLM 11/16

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### Section C: Rollover transaction details

12	Service period start date	Day/Month/Year	20/05/1992
13	<b>Tax components:</b>		
	Tax-free component	\$	34.78
	KiwiSaver tax-free component	\$	0.00
	Taxable component:		
	Element taxed in the fund	\$	17,858.66
	Element untaxed in the fund	\$	0.00
	<b>TOTAL Tax components</b>	<b>\$</b>	<b>17,893.44</b>
14	<b>Preservation amounts:</b>		
	Preserved amount	\$	17,893.44
	KiwiSaver preserved amount	\$	0.00
	Restricted non-preserved amount	\$	0.00
	Unrestricted non-preserved amount	\$	0.00
	<b>TOTAL Preservation amounts</b>	<b>\$</b>	<b>17,893.44</b>

### 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 65 | 714 | 394 | 898

17 Fund's name AustralianSuper

18 Contact name AustralianSuper Contact Centre

19 Daytime phone number (include area Code) 1300 300 273

20 Email address (if applicable) email@australiansuper.com

### 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

Date Day / Month / Year  
21/08/2018

# 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 outside Australia

4 (a) Unique Superannuation Identifier (USI)   
(b) Member Client Identifier

## Section B: Member details

5 Tax file number (TFN)

6 Full name  
Title   
Family name   
First given name  Other given names

7 Residential address  
Street address   
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

8 Date of birth  Day/Month/Year

9 Sex Male  Female

10 Daytime phone number (include area Code)

11 Email address (if applicable)