



13 April 2021

## 

O68645BPOVRNT
Ce & Cm Barbieri Super Fund
112 Edward Street
NORWOOD SA 5067

Dear Sir/Madam

Rollover request Member name: Clara Barbieri Our member number: 933431

We have received a request from the above UniSuper member to rollover their superannuation benefit into your fund.

Accordingly, we credited the amount \$37,515.70 to your bank account.

We also enclosed the relevant *Rollover Benefits Statement* for your attention.

If you have any queries, please call the UniSuper Helpline on 1800 331 685 or email your query to enquiry@unisuper.com.au

Yours sincerely

Lee Scales

Lee Scales Chief Customer Officer

> **Fund:** UniSuper ABN 91 385 943 850

**Trustee:** UniSuper Limited ABN 54 006 027 121 AFSL 492806

Administrator: UniSuper Management Pty Ltd ABN 91 006 961 799 AFSL 235907

**Helpline** 1800 331 685

**Head Office** Level 1, 385 Bourke Street Melbourne VIC 3000

unisuper.com.au

# **Rollover Benefits Statement**

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.

- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.

- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA.

If the rollover standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund within seven days of paying them the rollover
- provide a copy to the member within 30 days of paying the rollover

- keep a copy in your records for a period of five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (i.e. do not send this form to the receiving fund)
- use this form only to provide a statement to the member within 30 days of paying the rollover

- keep a copy of the member statement in your records for a period of five years.

#### **SECTION A: RECEIVING FUND**

Australian business number (ABN)

: 62 533-418-286

Fund name

: CE & CM BARBIERI SUPER FUND

Postal address

: 112 EDWARD STREET

Suburb/Town

: NORWOOD

State

: SA

Postcode

: 5067

Country (if other than Australia)

(a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier

#### SECTION B: MEMBER'S DETAILS

Tax File Number(TFN) : 587 464 336

Full Name

Title

: Mrs

Family Name

: BARBIERI

First Given Name

: Clara

Other Given Name(s)

7 Residential Address

: 112 EDWARD STEET

Suburb/Town

: NORWOOD

State

: SA

5067

Postcode

Country Date of Birth

28 / 02 / 1958

: Female

Sex

10 Daytime phone number

: clara.barbieri@adelaide.edu.au

11 Email address (if applicable)

## SECTION C: ROLLOVER TRANSACTION DETAILS

: 30 / 04 / 1990 12 Service period start date

#### 13 Tax components

Tax-free component KiwiSaver Tax-free component	<b>\$</b>	11.64 0.00	
Taxable component Element taxed in the fund, and Element untaxed in the fund	<b>\$</b>	37,504.06 0.00	
Tax components TOTAL	\$	37,515.70	

#### 14 Preservation amounts 0.00 Preserved amount 0.00 KiwiSaver Preserved amount 0.00 Restricted non-preserved amount 37,515.70 Unrestricted non-preserved amount 37,515.70 Preservation amounts TOTAL

## SECTION D: NON-COMPLYING FUNDS

15 Contributions made to a non-complying

\$ 0.00

fund on or after 10 May 2006

## SECTION E: TRANSFERRING FUND

: 91 385-943-850 16 Fund ABN : UNISUPER 17 Fund name : COMPLIANCE

18 Contact name

0388316100 19 Daytime phone number

## SECTION F: DECLARATION

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

I declare that the information contained in the statement is true and correct.

: Lee Scales Name

Trustee, director, or authorised officer signature : Lee Scales

: 13 April 2021 Date