

## Rollover benefits statement

### Section A: Receiving fund

1 Australian business number (ABN)

51 807 863 933

2 Fund Name

The Trustee for Glenwyn Super Fund

3 Postal address

Unit 3 249 JOHNSTON ST

Suburb/town/locality

ANNANDALE

State/territory

NSW

Postcode

2038

Country if other than Australia

4 (a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier

BRONWYN FRASER

### Section B: Member's details

5 Tax file number (TFN)

177 | 342 | 564

6 Full name

Title

Miss

Family name

Fraser

First given name

Bronwyn

Other given names

7 Residential address

3/249 Johnston St

Suburb/town/locality

ANNANDALE

State/territory

NSW

Postcode

2038

Country if other than Australia

Day/Month/Year

8 Date of birth

27 / 09 / 1972

9 Sex

Male

☐

Female

☒

10 Daytime phone number (include area code)

11 Email address (if applicable)

Bronwyns@unitingworld.org.au

## Section C: Rollover transaction details

Day/Month/Year

12 **Service period start date** 01 / 04 / 2004

13 **Tax components:**

Tax-free component \$ 0.00

KiwiSaver tax-free component \$ 0.00

Taxable component:

Element taxed in the fund \$ 156,307.75

Element untaxed in the fund \$ 0.00

**TOTAL Tax components \$ 156,307.75**

14 **Preservation amounts:**

Preserved amount \$ 156,307.75

KiwiSaver preserved amount \$ 0.00

Restricted non-preserved amount \$ 0.00

Unrestricted non-preserved amount \$ 0.00

**TOTAL Preservation Amounts \$ 156,307.75**

## 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** 66 | 628 | 776 | 348

17 **Fund's name**

Christian Super

18 **Contact name**

Christian Super Contact Centre

19 **Daytime phone number** (include area Code) 1300 360 907

20 **Email address** (if applicable)

helpdesk@christiansuper.com.au

## 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**

11 / 05 / 2021