

# 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

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**Section C: Rollover transaction details**

Day/Month/Year

12 **Service period start date** 13 **Tax components:**Tax-free component KiwiSaver tax-free component 

Taxable component:

Element taxed in the fund Element untaxed in the fund **TOTAL Tax components** 14 **Preservation amounts:**Preserved amount KiwiSaver preserved amount Restricted non-preserved amount Unrestricted non-preserved amount **TOTAL Preservation Amounts** 

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**Section D: Non-complying funds**15 **Contributions made to a non-complying fund on or after 10 May 2006** 

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**Section E: Transferring fund**16 **Fund's ABN** 17 **Fund's name**18 **Contact name**19 **Daytime phone number** (include area Code) 20 **Email address** (if applicable)

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**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****Authorised representative signature**

Day / Month / Year

**Date**