Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

• If a member asks you to roll over parts of their entitlement to more then one fund, you must complete separate statements for each rollover payment.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Receiving fund		
1 Australian business number (ABN)	60905115063	7
2 Fund name		
QSUPER		
3 Postal address		
GPO BOX 200 BRISBANE QLD 4001		
4 You must provide at least one of the receiving fund	's numbers below :	
(a) Unique superannuation identifier (USI)	60905115063001	
(b) Member client identifier	195009392	
Section B: Member's details		
5 Tax File Number (TFN)	169886652	
6 Full name		
Title MS		
Family Name		
ALLEN		
First given name ROISIN	Other given names	

7 **Residential address**

Г

3 MOUNTAIN VIEW SHANNVALE QLD 4873		
8 Date of birth	07/04/1966	
9 Sex	F	
10 Daytime phone number (include area code)	03 40511006	
11 Email address (if applicable)		

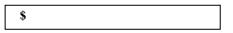
L

Section C: Rollover transaction details

12	Service period start date	03/02/2009	
13	Tax components		
	Tax-free component	\$	146,170.08
	KiwiSaver tax-free component	\$	
	Taxable component:		
	Element taxed in the fund	\$	53,829.92
	Element untaxed in the fund	\$	
	Tax components TOTAL	\$	200,000.00
14	Preservation amounts		
	Preserved amount	\$	200,000.00
	KiwiSaver preserved amount	\$	
	Restricted non-preserved amount	\$	
	Unrestricted non-preserved amount	\$	
	Preservation amounts TOTAL	\$	200,000.00

Section D: Non-complying funds

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



Section E: Transferring fund

16 Fund ABN			25643971688		
17 Fund name					
SHANNVALE SU	PER FUND				
18 Contact name					
ROISIN ALLEN					
19 Daytime phone	number	(include area code	e)		
Telephone No	03 4051100)6			
20 Email address	(if applic	able)			
Signature of autho	rised person	l			
]	

You do not need to send a copy of the statement to the ATO however, you must keep a copy for your records for a period of five years.

/

Date

/