

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

Australian Super

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

Payee ABN 65 714 394 898

Unique Superannuation Identifier (USI) STA0100AU

Member Client Identifier 713816372

Section 2 - Individual's details

Individual's full name	Ms	Surname or family name	Jasprizza-Quinn
Title			
First given name	Elle		
Other given names	Bridgette		
Address	PO Box 3009		
	MANUKA ACT 2603		
	AUSTRALIA	Email elle@jasprizza.com.au	Ph
Date of Birth	18/03/1990	Sex	F
		Tax File Number (if required or permitted by)	821-915-274
Name and Address of authorised agent or advisor (if any) <small>Must be authorised to receive information about this roll-over from the roll-over fund.</small>			
	Ph		

Section 3 - Roll-over payment details

Components		Eligible Service Period	
Tax-free component	\$999.00	Date started	13/05/2014
KiwiSaver tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
Taxable component		Preserved amount	\$62,077.19
Element taxed in the fund	\$61,078.19	KiwiSaver preserved amount	\$0.00
Element untaxed in the fund	\$0.00	Restricted Non-Preserved	\$0.00
		Unrestricted Non-Preserved	\$0.00
Tax components TOTAL	\$62,077.19	Preservation amounts TOTAL	\$62,077.19
BOTH AMOUNTS MUST BE EQUAL			

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer's Name	Team Quinn Superfund	Payer ABN	99 341 338 811
Contact Name	Mr Nicholas Jasprizza-Quinn	Email	mail@jasprizza.com.au
		Ph	02 83589678

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Section 6 - Declaration

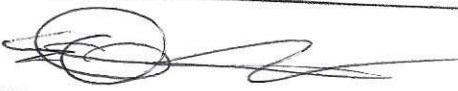
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name

ELLE Jasprizza-Quinn

Trustee, director or officer signature

X 

Date: 22/06/2022

OR AND

AUTHORISED REPRESENTATIVE DECLARATION


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 information in the statement to the ATO

Name

BROOKE HEBURN-ROGERS

Authorised representative signature



Date: 20/06/2022

Tax agent number (if you are a registered tax agent)

25874777

Where to send this form

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

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover 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 (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.