Original - Send to rollover fund within 7 days of payment

Section 1 - Receiv	ing fund detail	S			THIS FORM DOES	_	-
Australian Super							65 714 394 898
			Unio	que S	Superannuation Ident	ifier (USI)	STA0100AU
			Me	embe	er Client Identifier 10	7466811	6
Section 2 - Individ	ual's details						
Individual's full nam	e Mr	Surname or	family na	ame	Jasprizza-Quinn		
First given name	David						
Other given names	Mark						
Address	22a Larakia	Street					
	WARAMAN	IGA ACT 26	611				
	AUSTRALIA	Α Ε	Email d	avid	@theduxton.com.au	PI	h
Date of Birth	13/03/1981	Sex	М		Tax File Number (if required or permi	tted by	342-423-172
Name and Address authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll over fund.						PI	h
Section 3 - Roll-ov	er payment de	etails		EI	igible Service Period		
Section 3 - Roll-ov Components	ver payment de	etails			igible Service Period ate started		13/05/2014
	ver payment de	tails	\$0.00	Da	_		
Components		tails	\$0.00 \$0.00	Da Pi	ate started		
Components Tax-free component	omponent	tails		Pi Pi	ate started reservation amounts	of the Ro	II-over payment
Components Tax-free component KiwiSaver tax-free co	omponent :			Pi Pi Ki	reservation amounts	of the Ro	### \$216,864.94
Components Tax-free component KiwiSaver tax-free co Taxable component	omponent : e fund		\$0.00	Pr Ki	reservation amounts reserved amount wiSaver preserved am	of the Ro	\$216,864.94 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the	omponent te fund the fund		\$0.00 864.94 \$0.00	Pr Ki Ro Ui	ate started reservation amounts reserved amount wiSaver preserved am estricted Non-Preserve	of the Ro	\$216,864.94 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in	omponent the fund the fund nts TOTAL	\$216, \$216,864	\$0.00 864.94 \$0.00	Pr Ki Ro Ui	reservation amounts reserved amount wiSaver preserved am estricted Non-Preserven restricted Non-Preserven ervation amounts TO	of the Ro	\$216,864.94 \$0.00 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in Tax compone	omponent e fund the fund nts TOTAL	\$216,864	\$0.00 864.94 \$0.00	Pr Ki Ri Ui	ate started reservation amounts reserved amount wiSaver preserved am estricted Non-Preserve nrestricted Non-Preser ervation amounts TOT	of the Ro	\$216,864.94 \$0.00 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in the Tax compone	omponent e fund the fund nts TOTAL	\$216,864	\$0.00 864.94 \$0.00	Pr Ki Ri Ui	ate started reservation amounts reserved amount wiSaver preserved am estricted Non-Preserve restricted Non-Preser ervation amounts TOT MOUNTS MUST BE E	of the Ro	\$216,864.94 \$0.00 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in the Tax compone	omponent te fund the fund omplying Fund to a non-comply	\$216,864 \$216,864 s ying fund on o	\$0.00 864.94 \$0.00	Pri Ki Ro	reservation amounts reserved amount wiSaver preserved am estricted Non-Preserve restricted Non-Preser ervation amounts TOMOUNTS MUST BE E	of the Ro	\$216,864.94 \$0.00 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free co Taxable component Element taxed in the Element untaxed in Tax compone Section 4 - Non-co Contributions made	omponent te fund the fund omplying Fund to a non-comply	\$216,864 \$216,864 s ying fund on o	\$0.00 864.94 \$0.00	Pri Ki Ro	reservation amounts reserved amount wiSaver preserved am estricted Non-Preserve restricted Non-Preser ervation amounts TOMOUNTS MUST BE E	of the Ro	\$216,864.94 \$0.00 \$0.00 \$0.00 \$216,864.94

Original - Send to rollover fund within 7 days of payment

Section 6 - Declaration			
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION			
I declare that the information contained in this statement is true and correct.			
Name			
Mr Nicholas Jasprizza-Quinn			
Trustee, director or officer signature			
	Date:	/	/ 20
OR			
AUTHORISED REPRESENTATIVE DECLARATION			
I declare that: - I have prepared the statement with the information supplied by the superannul. - I have received a declaration made by the superannuation provider that the inpreparation of this statement is true and correct. - I am authorised by the superannuation provider to give information in the state.	nformation pr	ovided t	o me for the
Name			
Mr Nicholas Jasprizza-Quinn			
Authorised representative signature			

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.

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

If the rollover standards $\mbox{\bf do apply}\mbox{to}$ 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)

Date:

/ 20

- 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.

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiving fund details					THIS FORM DOES NOT HA	-
Australian Super						65 714 394 898
			Un	ique (Superannuation Identifier (US	STA0100AU
			N	lemb	er Client Identifier 10746681	16
Section 2 - Individu	al's details					
Individual's full name		Surname or	family ı	name	Jasprizza-Quinn	
First given name	David					
Other given names	Mark					
Address	22a Larakia	Street				
	WARAMAN	GA ACT 2	611			
	AUSTRALIA		Email (david	@theduxton.com.au F	Ph
Date of Birth	13/03/1981	Sex	М		Tax File Number (if required or permitted by	342-423-172
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll- over fund.	f				F	Ph
Section 3 - Roll-ove	er payment det	tails		E	ligible Service Period	
Section 3 - Roll-ove	er payment det	tails			ligible Service Period ate started	13/05/2014
	er payment det	ails	\$0.00	D	_	
Components		ails	\$0.00 \$0.00	D P	ate started	
Components Tax-free component		ails		D P D P	ate started reservation amounts of the R	oll-over payment
Components Tax-free component KiwiSaver tax-free con	nponent			D P K	reservation amounts of the Rereserved amount	\$216,864.94
Components Tax-free component KiwiSaver tax-free con Taxable component	nponent		\$0.00	D P K	reservation amounts of the Rereserved amount iwiSaver preserved amount	\$216,864.94 \$0.00
Components Tax-free component KiwiSaver tax-free con Taxable component Element taxed in the	nponent fund ne fund		\$0.00 ,864.94 \$0.00	D P K R U Pres	reservation amounts of the Rereserved amount iwiSaver preserved amount estricted Non-Preserved Inrestricted Non-Preserved ervation amounts TOTAL	\$216,864.94 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free com Taxable component Element taxed in the telement untaxed in the	nponent fund ne fund ts TOTAL mplying Funds	\$216 \$216,864	\$0.00 ,864.94 \$0.00	Present A	reservation amounts of the Reserved amount iwiSaver preserved amount estricted Non-Preserved inrestricted Non-Preserved ervation amounts TOTAL AMOUNTS MUST BE EQUAL	\$216,864.94 \$0.00 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free com Taxable component Element taxed in the fill Element untaxed in the Tax component Section 4 - Non-com Contributions made to	nponent fund ne fund ts TOTAL nplying Funds o a non-comply	\$216 \$216,864 ing fund on	\$0.00 ,864.94 \$0.00	Present A	reservation amounts of the Reserved amount iwiSaver preserved amount estricted Non-Preserved Inrestricted Non-Preserved ervation amounts TOTAL AMOUNTS MUST BE EQUAL lay 2006	\$216,864.94 \$0.00 \$0.00 \$0.00
Components Tax-free component KiwiSaver tax-free com Taxable component Element taxed in the selement untaxed in the selement u	nponent fund ne fund ts TOTAL nplying Funds o a non-comply	\$216 \$216,864 ing fund on	\$0.00 ,864.94 \$0.00	Present A	reservation amounts of the Reserved amount iwiSaver preserved amount estricted Non-Preserved inrestricted Non-Preserved ervation amounts TOTAL AMOUNTS MUST BE EQUAL	\$216,864.94 \$0.00 \$0.00 \$0.00 \$216,864.94

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration				
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION				
I declare that the information contained in this statement is true and correct.				
Name				
Mr Nicholas Jasprizza-Quinn				
Trustee, director or officer signature				
	Date:		/	/ 20
OR				
AUTHORISED REPRESENTATIVE DECLARATION				
I declare that: - I have prepared the statement with the information supplied by the superannuat - I have received a declaration made by the superannuation provider that the info preparation of this statement is true and correct - I am authorised by the superannuation provider to give information in the statem	rmatio	n prov		me for the
Name				
Mr Nicholas Jasprizza-Quinn				
Authorised representative signature				
	Date	:		/ 20

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.

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

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.

Triplicate - Keep for your fund records

Section 1 - Receivi	ng fund detai	ls			THIS FORM DOES NOT H INCLUDED IN A TAX F			
Australian Super							5 714 394 898	
				Unique	Superannuation Identifier (US	SI) S	ΓΑ0100AU	
				Mem	ber Client Identifier 10746681	16		
Section 2 - Individu	ual's details			_				
Individual's full name	e Mr	Surname	or fan	nily nam	e Jasprizza-Quinn			
Title First given name	David							
Other given names	Mark							
Address	22a Larakia	a Street						
	WARAMAN	IGA ACT	2611					
	AUSTRALI	A	Em	ail dav	id@theduxton.com.au	Ph		
Date of Birth	13/03/1981	Sex		M	Tax File Number (if required or permitted by	3	342-423-172	
authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll- over fund.						Ph		
Section 3 - Roll-ov	er payment de	etails			Eligible Service Period			
Components					Date started		13/05/2014	
Tax-free component			\$	0.00	Preservation amounts of the R	loll-over payment		
KiwiSaver tax-free con	mponent	\$0.00		0.00	Preserved amount		\$216,864.94	
Taxable component					KiwiSaver preserved amount		\$0.00	
Element taxed in the	fund	\$21	6,86	4.94	Restricted Non-Preserved		\$0.00	
Element untaxed in the	he fund		\$	0.00	Unrestricted Non-Preserved		\$0.00	
Tax componer	nts TOTAL	\$216,8	64.94		eservation amounts TOTAL AMOUNTS MUST BE EQUAL		\$216,864.94	
Section 4 - Non-co	mplying Fund	s						
Contributions made	to a non-compl	ying fund o	n or a	after 10	May 2006			
				\$	0.00			
Section 5 - Transfe	erring fund de	tails			Payer ABN	99	341 338 811	
Payer's Name	Team Quinn S	uperfund						
Contact Name	Mr Nicholas Ja	asprizza-Qı	uinn	Е	Email mail@jasprizza.com.au Ph	1		

Triplicate - Keep for your fund records

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Sectio	- C	Deel	0 40	4100
~121MIII) II O =	Dec		111011

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name				
Mr Nicholas Jasprizza-Quinn				
Trustee, director or officer signature	_			
	Date:	/	/ 20	

OR

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

Name			
Mr Nicholas Jasprizza-Quinn			
Authorised representative signature			
	Date:	 / 20	
	Date.	 7 20	
Tax agent number (if you are a registered tax agent)			

Where to send this form

If the rollover standards do not applyto 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 applyto 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.