

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

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

Australian Super	Payee ABN	65 714 394 898
	Unique Superannuation Identifier (USI)	STA0100AU
	Member Client Identifier	1074668116

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Jasprizza-Quinn
Title			
First given name	David		
Other given names	Mark		
Address	22a Larakia Street		
	WARAMANGA ACT 2611		
	AUSTRALIA	Email david@theduxton.com.au	Ph
Date of Birth	13/03/1981	Sex	M
		Tax File Number (if required or permitted by)	342-423-172
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	
		Date started	13/05/2014
Tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
KiwiSaver tax-free component	\$0.00	Preserved amount	\$216,864.94
Taxable component		KiwiSaver preserved amount	\$0.00
Element taxed in the fund	\$216,864.94	Restricted Non-Preserved	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted Non-Preserved	\$0.00
Tax components TOTAL	\$216,864.94	Preservation amounts TOTAL	\$216,864.94

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

Rollover Benefit Statement

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 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

Mr Nicholas Jasprizza-Quinn

Authorised representative signature

Date: / / 20

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

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.

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiving fund details

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

Australian Super

Payee ABN 65 714 394 898

Unique Superannuation Identifier (USI) STA0100AU

Member Client Identifier 1074668116

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Jasprizza-Quinn		
Title					
First given name	David				
Other given names	Mark				
Address	22a Larakia Street				
	WARAMANGA ACT 2611				
	AUSTRALIA		Email	david@theduxton.com.au	Ph
Date of Birth	13/03/1981	Sex	M	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.					
	Ph				

Section 3 - Roll-over payment details

Eligible Service Period

Components		Date started	13/05/2014
Tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
KiwiSaver tax-free component	\$0.00	Preserved amount	\$216,864.94
Taxable component		KiwiSaver preserved amount	\$0.00
Element taxed in the fund	\$216,864.94	Restricted Non-Preserved	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted Non-Preserved	\$0.00

Tax components TOTAL \$216,864.94

Preservation amounts TOTAL \$216,864.94

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 ABN 99 341 338 811

Payer's Name	Team Quinn Superfund			
Contact Name	Mr Nicholas Jasprizza-Quinn	Email	mail@jasprizza.com.au	Ph

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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Name

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Trustee, director or officer signature

Date: / / 20

OR

AUTHORISED REPRESENTATIVE DECLARATION

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- 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

Mr Nicholas Jasprizza-Quinn

Authorised representative signature

Date: / / 20

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

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Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 1 - Receiving fund details

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

Australian Super	Payee ABN	65 714 394 898
	Unique Superannuation Identifier (USI)	STA0100AU
	Member Client Identifier	1074668116

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Jasprizza-Quinn
Title			
First given name	David		
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	AUSTRALIA	Email	david@theduxton.com.au
		Ph	
Date of Birth	13/03/1981	Sex	M
		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.			
	Ph		

Section 3 - Roll-over payment details

Components		Eligible Service Period	
Tax-free component	\$0.00	Date started	13/05/2014
KiwiSaver tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
Taxable component		Preserved amount	\$216,864.94
Element taxed in the fund	\$216,864.94	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	\$216,864.94	Preservation amounts TOTAL	\$216,864.94
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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 ABN	99 341 338 811
Payer's Name	Team Quinn Superfund	
Contact Name	Mr Nicholas Jasprizza-Quinn	Email mail@jasprizza.com.au
		Ph

Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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Name

Mr Nicholas Jasprizza-Quinn

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Date: / / 20

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