

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 713172513

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Jasprizza-Quinn		
Title					
First given name	Courtney				
Other given names	Robert				
Address	10/7 Purnell Place				
	CALWELL ACT 2905				
	AUSTRALIA		Email	court_quinn@hotmail.com	Ph
Date of Birth	25/02/1985	Sex	M	Tax File Number (if required or permitted by)	433-754-294
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

\$57,690.45

Taxable component

KiwiSaver preserved amount

\$0.00

Element taxed in the fund

\$57,690.45

Restricted Non-Preserved

\$0.00

Element untaxed in the fund

\$0.00

Unrestricted Non-Preserved

\$0.00

Tax components TOTAL \$57,690.45

Preservation amounts TOTAL \$57,690.45

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

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Australian Super

Payee ABN 65 714 394 898

Unique Superannuation Identifier (USI) STA0100AU

Member Client Identifier 713172513

Section 2 - Individual's details

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Title					
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	AUSTRALIA	Email	court_quinn@hotmail.com	Ph	
Date of Birth	25/02/1985	Sex	M	Tax File Number (if required or permitted by)	433-754-294
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	\$57,690.45
Taxable component		KiwiSaver preserved amount	\$0.00
Element taxed in the fund	\$57,690.45	Restricted Non-Preserved	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted Non-Preserved	\$0.00

Tax components TOTAL \$57,690.45

Preservation amounts TOTAL \$57,690.45

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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Date: / / 20

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Name

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Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 1 - Receiving fund details

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Member Client Identifier 713172513

Section 2 - Individual's details

Individual's full name

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Surname or family name Jasprizza-Quinn

First given name

Courtney

Other given names

Robert

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CALWELL ACT 2905

AUSTRALIA

Email court_quinn@hotmail.com

Ph

Date of Birth

25/02/1985

Sex

M

Tax File Number

(if required or permitted by

433-754-294

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

Tax-free component

\$0.00

KiwiSaver tax-free component

\$0.00

Taxable component

Element taxed in the fund

\$57,690.45

Element untaxed in the fund

\$0.00

Eligible Service Period

Date started

13/05/2014

Preservation amounts of the Roll-over payment

Preserved amount

\$57,690.45

KiwiSaver preserved amount

\$0.00

Restricted Non-Preserved

\$0.00

Unrestricted Non-Preserved

\$0.00

Tax components TOTAL \$57,690.45

Preservation amounts TOTAL \$57,690.45

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

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