

05 October 2018



000023

Mr John Mason

PO Box 7010

SOUTHPORT PARK QLD 4215

APS No: 64036475

Dear Mr Mason

Your partial benefit payment from the APSS is complete

Your benefit of, \$100,000.00 has been partially rolled over to The Trustee for MASO Superannuation Fund on 5 October 2018 in accordance with your instructions. */ Cheque sent 5/10/ 10:11 AM*

Enclosed are items that relate to your benefit payment. These items are for your information and we recommend that you read and file them. They include:

- *Rollover benefits statement*

If you have any questions, please call the APSS SuperPhone on 1300 360 373 or refer to the website apss.com.au.

Yours sincerely

APSS Member Services

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Section C: Rollover transaction details

12	Service period start date	Day/Month/Year 05/12/1988
13	Tax components:	
	Tax-free component	\$ 5,860.76
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 94,139.24
	Element untaxed in the fund	\$ 0.00
	TOTAL Tax components	\$ 100,000.00
14	Preservation amounts:	
	Preserved amount	\$ 0.00
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 100,000.00
	TOTAL Preservation amounts	\$ 100,000.00

Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006 \$ 0.00

Section E: Transferring fund

16	Fund's ABN	42 045 077 895
17	Fund's name	Australia Post Superannuation Scheme
18	Contact name	Mr Ashley McCarney
19	Daytime phone number (include area Code)	1300 360 373
20	Email address (if applicable)	SR@apss.com.au

Section F: Declaration

AUTHORISED REPRESENTATIVE DECLARATION:

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

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 the information in the statement to the ATO.

Name

JOE NEKIC

Authorised representative signature

JOE NEKIC

Day / Month / Year

Date

05/10/2018

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN) 58 370 022 098

2 Fund name
The Trustee for MASO Superannuation Fund

3 Postal address
4138 ARCHER HILL
ROYAL PINES RESORT ROSS STREET
Suburb/town/locality BENOWA State/territory QLD Postcode 4217
Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)
(b) Member Client Identifier 1

Section B: Member details

5 Tax file number (TFN) 564 773 266

6 Full name
Title Mr
Family name Mason
First given name John Other given names
7 Residential address
Street address
PO Box 7010
Suburb/town/locality SOUTHPORT PARK State/territory QLD Postcode 4215
Country if outside Australia

8 Date of birth Day/Month/Year 24/09/1952

9 Sex Male ☒ Female ☐

10 Daytime phone number (include area Code) 0418548346

11 Email address (if applicable)
maso_j@hotmail.com