

28j
apss

AUSTRALIA POST SUPER SCHEME

Australia Post Superannuation Scheme
ABN 42 045 077 895
Locked Bag A5005
Sydney South NSW 1235
SuperPhone 1300 360 373

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

X

Section C: Rollover transaction details

	Day/Month/Year	
12 Service period start date		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)

2 Fund name

3 Postal address

Suburb/town/locality State/territory Postcode

Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier

Section B: Member details

5 Tax file number (TFN)

6 Full name
Title
Family name
First given name Other given names

7 Residential address
Street address

Suburb/town/locality State/territory Postcode

Country if outside Australia

8 Date of birth Day/Month/Year

9 Sex Male Female

10 Daytime phone number (include area Code)

11 Email address (if applicable)