

# Rollover Benefits Statement

## Section A :- Receiving fund

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

LISA & JACK SUPERANNUATION FUND  
94 Newton Rd  
STRATHFIELD NSW 2135

ORIGINAL

Australian business number (ABN) 14 270 166 591

Unique Superannuation Identifier  
(USI)

Member client identifier

## Section B :- Member's details

Tax File Number (TFN)

380 600 173

Full Name

Title

Mr

Family name

Zhou

First given name

Jin

Other given names

Qing

Postal Address

94 Newton Rd  
STRATHFIELD NSW 2135

Date of birth

15/07/1959

Sex (M/F)

M

Daytime Phone No.

Email Address

## Section C :- Rollover transaction details

Service period start date

15/08/2002

Tax components:

Tax-free component

\$0.00

KiwiSaver tax-free component

\$0.00

Taxable component:

Element taxed in the fund

\$25,303.02

Element untaxed in the fund

\$0.00

TOTAL Tax Components

\$25,303.02

Preservation amounts:

Preserved amount

\$25,303.02

KiwiSaver preserved amount

\$0.00

Restricted non-preserved amount

\$0.00

Unrestricted non-preserved amount

\$0.00

TOTAL Preservation Amounts

\$25,303.02

Investor No: M04142591

**Section D :- Non-complying funds**

Contributions made to a non-complying fund on or after  
10 May 2006

\$0.00

**Section E :- Transferring fund**

Fund ABN

39 827 542 991

Your fund name

SuperWrap Personal Super Plan

Contact Name

Kathy Vincent



Date 29/05/2019

Telephone number

1300 657 010

Email Address

superwrap@investorwrap.com.au

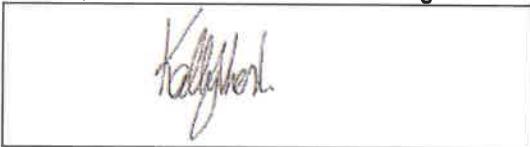
**Section F :- Declaration**

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

Name (BLOCK LETTERS)

KATHY VINCENT

Trustee, director or authorised officer signature



DATE 29/05/2019

OR

**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 (BLOCK LETTERS)

KATHY VINCENT

DATE 29/05/2019

Authorised representative signature



Tax Agent number

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94 Newton Rd  
STRATHFIELD NSW 2135

ORIGINAL

Australian business number (ABN) 14 270 166 591

Unique Superannuation Identifier  
(USI)

Member client identifier

## Section B :- Member's details

Tax File Number (TFN)

186 382 685

Full Name

Title

Ms

Family name

Liu

First given name

Li

Other given names

Xia

Postal Address

94 Newton Rd  
STRATHFIELD NSW 2135

Date of birth

28/05/1962

Sex (M/F)

F

Daytime Phone No.

Email Address

## Section C :- Rollover transaction details

Service period start date

15/08/2002

Tax components:

Tax-free component

\$470.82

KiwiSaver tax-free component

\$0.00

Taxable component:

Element taxed in the fund

\$24,979.06

Element untaxed in the fund

\$0.00

TOTAL Tax Components

\$25,449.88

Preservation amounts:

Preserved amount

\$25,449.88

KiwiSaver preserved amount

\$0.00

Restricted non-preserved amount

\$0.00

Unrestricted non-preserved amount

\$0.00

TOTAL Preservation Amounts

\$25,449.88

Investor No: M04142487

### Section D :- Non-complying funds

Contributions made to a non-complying fund on or after  
10 May 2006

\$0.00

### Section E :- Transferring fund

Fund ABN

39 827 542 991

Your fund name

SuperWrap Personal Super Plan

Contact Name

Kathy Vincent



Date 28/05/2019

Telephone number

1300 657 010

Email Address

superwrap@investorwrap.com.au

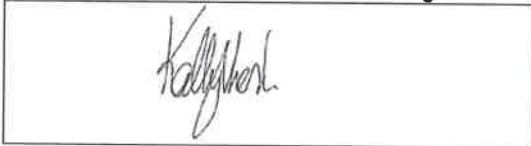
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I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

KATHY VINCENT

Trustee, director or authorised officer signature



DATE 28/05/2019

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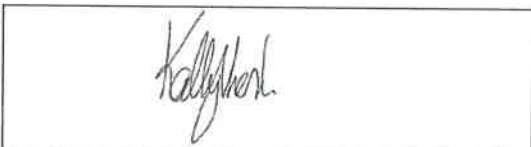
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