### **Rollover Benefits Statement**

		THIS FORM DOES NOT H	IAVE TO BE INCLUDED
Section A :- Receiving fund		IN A TAX RETURN	IAVE TO BE INCLUDED
			ORIGINAL
LISA & JACK SUPERANNUATION FUND 94 Newton Rd STRATHFIELD NSW 2135		Australian business num	iber (ABN) 14 270 166 591
		Unique Superannuation I	
		(USI)	
		Member client identifier	
NAME OF TAXABLE PARTY.			
Section B :- Member's def	tails		
	000 000 470		
Tax File Number (TFN)	380 600 173		
Full Name			
Title	Мг		
Family name	Zhou		
First discussions	1:-		
First given name	Jin		
Other given names	Qing		d
g			
Postal Address	94 Newton Rd		
	STRATHFIELD NSW 2135		
Date of birth	15/07/1959		
	<u></u>		
Sex (M/F)	M		
Daytime Phone No.			
,			
Email Address			
Section C :- Rollover trans	saction details		
			-
Service period start date	15/08/2002		
Tax components:		Preservation amounts:	
Tax-free component	\$0.00	Preserved amount	\$25,303.02
KiwiSaver tax-free component	\$0.00	KiwiSaver preserved amount	\$0.00
		·	
Element taxed in the fund	\$25,303.02	Restricted non-preserved amount	\$0.00
		•	\$0.00
		·	
Other given names  Postal Address  Date of birth  Sex (M/F)  Daytime Phone No.  Email Address  Section C :- Rollover trans  Service period start date  Tax components:  Tax-free component  KiwiSaver tax-free component  Taxable component:	STRATHFIELD NSW 2135  15/07/1959  M  saction details  15/08/2002  \$0.00  \$0.00	Preserved amount KiwiSaver preserved amount	\$0.00

Section D :- Non-complying fun	ds				
Contributions made to a non-complying fund on or after  10 May 2006  \$0.00					
Section E :- Transferring fund	à				
Fund ABN	39 827 542 991				
Your fund name	SuperWrap Personal Super	er Plan			
Contact Name	Kathy Vincent				
	Kallyhort	Dá	ate 29/05/2019		
Telephone number	1300 657 010				
Email Address	superwrap@investorwrap.	com.au			
Section F :- Declaration					
I declare that the information contained in Name (BLOCK LETTERS)  KATHY VINCENT  Trustee, director or authorised officer  OR  AUTHORISED REPRESENTATIVE DEC  Complete this declaration if you are an authorised that:  I have prepared the statement with the  I have received a declaration made by	signature  LARATION: thorised representative of the information supplied by the	DATE  ne superannuation function superannuation provid	er		
statement is true and correct					
I am authorised by the superannuation	provider to give the informa	tion in the statement to	the ATO		
Name (BLOCK LETTERS)  KATHY VINCENT	7	2455	00/05/00/0		
Authorised representative signature		DATE	29/05/2019		
Kallyhork					
Tax Agent number					

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## **Rollover Benefits Statement**

Section A :- Receiving fu	ınd	IN A TAX RETURN
		ORIGINAL
LISA & JACK SUPERANNU 94 Newton Rd	ATION FUND	Australian business number (ABN) 14 270 166 591
STRATHFIELD NSW 2135		Unique Superannuation Identifier
		(USI)
		Member client identifier
Section B :- Member's de	tails	
Tax File Number (TFN)	186 382 685	
Full Name		
Title	Ms	
Family name	Liu	
i allily liaitie	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 tran	saction details	
	15/08/2002	
Service period start date	13/00/2002	Preservation amounts:
Tax components: Tax-free component	\$470.82	Preserved amount \$25,449.88
KiwiSaver tax-free component	\$0.00	KiwiSaver preserved amount \$0.00
Taxable component:	ψ0.00	Tambursi proported ameans
Element taxed in the fund	\$24,979.06	Restricted non-preserved amount \$0.00
Element untaxed in the fund	\$0.00	Unrestricted non-preserved amount \$0.00
TOTAL Tax Components	\$25,449.88	TOTAL Preservation Amounts \$25,449.88
, 5 in in 15% componente	4201.10100	

Section D :- Non-complying fun	ds			
Contributions made to a non-complyi 10 May 2006	ng fund on or after	\$0.00		
Section E :- Transferring fund				
Fund ABN	39 827 542 991			
Your fund name	SuperWrap Personal Super Plan			
Contact Name	Kathy Vincent			
	Kallyhert	Da	28/05/2019	
Telephone number	1300 657 010			
Email Address	superwrap@investorwrap.	com.au		
Section F :- Declaration	N			
I declare that the information contained in Name (BLOCK LETTERS)  KATHY VINCENT  Trustee, director or authorised officer and the contained in Name (BLOCK LETTERS)  OR  AUTHORISED REPRESENTATIVE DEC  Complete this declaration if you are an authorised in Name (BLOCK LETTERS)	signature  LARATION:	DATE	28/05/2019  or other provider shown in section E.	
I declare that: I have prepared the statement with the	information supplied by the	superannuation provide	er	
<ul> <li>I have received a declaration made by</li> </ul>	the superannuation provider	that the information pro	ovided to me for the preparation of this	
statement is true and correct				
<ul> <li>I am authorised by the superannuation</li> </ul>	provider to give the informat	ion in the statement to	the ATO	
Name (BLOCK LETTERS)	1			
Authorized representative eigensture	<u></u>	DATE	28/05/2019	
Authorised representative signature				
Tax Agent number				