

Rollover Benefits Statement

Section A - Receiving fund

1 Australian business number (ABN)

47351131364

2 Fund name

The Trustee for Paviotti Super Fund

3 Postal Address

Suburb/Town/Locality

State/territory

Postcode

Country if outside Australia

4 a) Unique superannuation identifier (USI)

b) Member client identification

Section B - Member's details

5 Tax File Number (TFN)

481421493

6 Full Name

Title:

Mr

Family Name

Paviotti

Given Names

Robert William

7 Residential address

483 Pine Ridge Road

Suburb/Town/Locality

State/territory

Postcode

Runaway Bay

QLD

4216

Country if outside Australia

8 Date of Birth

17-Apr-1951

9 Sex

Male

10 Daytime Phone Number

11 Email Address

bob.pavcam@hotmail.com

Section C - Rollover transaction details

12 Service Period Start Date	<input type="text" value="27-Sep-2004"/>
13 Tax Components	
Tax-free component	<input type="text" value="\$ 177.83"/>
KiwiSaver tax-free component	<input type="text" value="\$ 0.00"/>
Taxable component	
Element taxed in fund	<input type="text" value="\$ 46,311.08"/>
Element untaxed in fund	<input type="text" value="\$ 0.00"/>
Tax components TOTAL	<input type="text" value="\$ 46,488.91"/>
14 Preservation Amounts	
Preserved amount	<input type="text" value="\$ 0.00"/>
KiwiSaver preserved amount	<input type="text" value="\$ 0.00"/>
Restricted Non-Preserved Amount	<input type="text" value="\$ 0.00"/>
Unrestricted Non-Preserved Amount	<input type="text" value="\$ 46,488.91"/>
Preservation amounts TOTAL	<input type="text" value="\$ 46,488.91"/>

Section D - Non-complying funds

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

Section E - Transferring fund

16 Fund's ABN	<input type="text" value="30 099 320 583"/>
17 Fund's Name	<input type="text" value="AMG Super - Personal Division"/>
18 Contact Name	
Mr	<input type="text" value="Mr"/>
Family Name	<input type="text" value="Barclay"/>
Given Names	<input type="text" value="David"/>
19 Email Address	<input type="text" value="info@amgsuper.com.au"/>
20 Daytime phone number (include area code)	<input type="text" value="1300 264 264"/>

Section F - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date