

# Rollover Benefits Statement

## Section A - Receiving fund

1 Australian business number (ABN)

47351131364

2 Fund name

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

<b>12 Service Period Start Date</b>	27-Sep-2004
<b>13 Tax Components</b>	
Tax-free component	\$ 105,471.98
KiwiSaver tax-free component	\$ 0.00
Taxable component	
Element taxed in fund	\$ 161,092.90
Element untaxed in fund	\$ 0.00
<b>Tax components TOTAL</b>	<b>\$ 266,564.88</b>
<b>14 Preservation Amounts</b>	
Preserved amount	\$ 0.00
KiwiSaver preserved amount	\$ 0.00
Restricted Non-Preserved Amount	\$ 0.00
Unrestricted Non-Preserved Amount	\$ 266,564.88
<b>Preservation amounts TOTAL</b>	<b>\$ 266,564.88</b>

## 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

<b>16 Fund's ABN</b>	30099320583
<b>17 Fund's Name</b>	AMG Super - Account Based Pension
<b>18 Contact Name</b>	
Mr	
Family Name	Barclay
Given Names	David
<b>19 Email Address</b>	info@amgsuper.com.au
<b>20 Daytime phone number</b> (include area code)	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)

DAVID BARCLAY

**Trustee, director or authorised officer signature**

**Date**

David Barclay

23-Aug-2021

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**Trustee, director or authorised officer signature**

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David Barclay

23-Aug-2021