

Haydhanley Superannuation Fund
3 Breimba St
GRAFTON NSW 2460

17 March 2022

Dear Hayley,

Haydhanley Superannuation Fund

On behalf of the above self-managed super fund, please find enclosed the following documentation;

- a) 2020 Financial Statements including Declaration by Trustees and Members Statements
- b) 2020 Income Tax Return
- c) Engagement Letter
- d) Management Representation Letter
- e) Investment Strategy
- f) Trustees' Minutes/Resolutions
- g) Nomination of Dependants
- h) Non-Related Party Minute
- i) Related Party Minute
- j) Market Valuation Minutes

Would you please sign each document where indicated and return all documents to our office for lodgment with the Australian Taxation Office (ATO) and filing in your fund register.

The fund income tax return must be lodged immediately. We estimate fund income tax of **\$259** is payable in respect of the 2020 financial year and is also due for payment immediately. Payment should be made using any of the methods outlined on the payment slip attached.

The S.I.S. Act 1993 requires that trustees of superannuation funds review their written investment strategy annually to ensure that it conforms to the actual spread and type of investments held by the fund. You should note that the minutes from the meeting of trustees indicate that your current investment strategy has been reviewed for the year ended 30 June 2020.

We have provided a copy of your last written investment strategy for your perusal. If the fund's portfolio of investments does not conform to your written investment strategy either now or at a future time, would you please prepare an updated investment strategy and forward this to us, in order to comply with the act.

For your retention, please find enclosed a bound copy of the fund's financial statements, and a copy of the income tax return.

Late Lodgment

As your fund's 2020 income tax return will be lodged after the due date required by the ATO, your fund will be required to lodge the 2021 income tax return by the earlier date of 31 October 2021. We

recommend you ensure your end of year information is supplied to us as soon as possible after the year end, so as to avoid another late lodgement.

Binding Death Nominations

Recent court decisions have highlighted the need for binding death nominations to be reviewed regularly to ensure that they correctly reflect the members wishes. Incorrectly drafted Binding death nominations can result in the superannuation entitlements being potentially paid to the wrong people upon death of members and may result in legal battles between family members. We highly recommend that you seek the council of a solicitor to ensure that your death nominations accurately reflect your current wishes.

Insurance premiums

We note that there have been no insurance premiums paid for either member in the fund during the year. Insurance is often overlooked in a self-managed superannuation fund. It is recommended that all members of the fund fully consider the implications of not holding appropriate insurance. We confirm that premiums paid for life insurance premiums are wholly tax deductible within the superannuation fund, however, are not tax deductible if held outside the superannuation system. If you would like any further information, please do not hesitate to contact us.

Audit

Upon receipt of your signed documentation, we will forward all required superannuation records to our auditor so that an independent audit report may be prepared for the year and ensure your fund's ongoing compliance. A copy of this audit report, together with any comments or recommendations provided by the auditor, will be forwarded to you in due course.

Our Fees

Since we have now completed your Income Tax Return, we have enclosed an invoice for our services. The invoice gives you a detailed description of our work performed. Our payment terms are 14 days from invoice, and payment options are shown on our invoice for your convenience. Please note we are unable to lodge your return/s until payment of our fees have been made.

Guarantee & Referral

We are committed to providing you with the highest quality of personalised service. To reinforce this commitment, we promise to continue to work with you until you are completely satisfied with the services we have provided within the agreed scope of your work. As such, please don't hesitate to contact us should you have any concerns.

Upon the finalisation of your work, if you are happy with our dedication to high quality service, the greatest compliment you can pay us is by referring family, friends, and any other people whom you feel would benefit from the use of our services. By our encouraging client referrals, you help us grow a business with like-minded quality clients such as yourself.

Should you have any queries in relation to the above matters, please don't hesitate to contact our office.

Thank you for using our services.

Regards,

INITIATIVE

Chartered Accountants & Financial Advisers

Dear Trustees,

Superannuation Fund Audit Engagement

Scope

You have requested I act as auditor of the Haydhanley Superannuation Fund as of, and for the year ended 30 June 2020. I am pleased to confirm my acceptance of the appointment and would now like to set out my understanding of the terms of this engagement.

Audit of the Financial Report

In accordance with *Section 35C of the Superannuation Industry (Supervision) Act 1993* ("SIS"), the financial report of a regulated superannuation fund must be audited by an approved auditor. The auditor must give the trustee a report on the special purpose financial report in the approved form within the prescribed time after the year of income to which the financial report relates.

The work undertaken by me to form an opinion is permeated by judgement, in particular regarding the nature, timing and extent of the audit procedures for gathering of audit evidence and the drawing of conclusions based on the audit evidence gathered. In addition, there are inherent limitations in any audit, and these include the use of testing, the inherent limitations of any internal control structure, the possibility of collusion to commit fraud, and the fact that most audit evidence is persuasive rather than conclusive. As a result, my audit can only provide reasonable – not absolute – assurance that the financial report is free from material misstatement.

I direct your attention to the fact that it is each trustee's responsibility for the maintenance of adequate accounting records and internal controls, the safeguarding of superannuation fund assets, the selection of accounting policies, the preparation of the special purpose financial report and returns, and compliance with SIS. I note each trustee is responsible for providing access to all information that is relevant to the preparation of the financial report, and any additional information that may be required as part of the audit. In particular, I note each trustee is responsible for the implementation and operation of accounting and internal control systems that are designed to prevent and detect fraud and error.

The audit of the financial report does not relieve the trustee of their individual responsibilities.

My audit will be conducted in accordance with Australian Auditing Standards. The objective of the audit is to obtain a reasonable assurance about whether the special purpose financial report as a whole is free from material misstatement, whether due to fraud or error and to issue an audit report on the financial report.

My audit work involves examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report in order to form an opinion as to whether, in all material respects, the financial report is fairly stated in accordance with the accounting policies described in the notes thereto.

My audit will be planned and conducted primarily to enable me to express my professional opinion as to whether the financial report complies with Australian Accounting Standards and other reporting requirements as adopted by the trustee, but, also, so as to have reasonable expectation of detecting material misstatements arising as a result of irregularities which would have a material effect on the

financial report. Unless otherwise agreed to, I assume no responsibility to design audit procedures to identify matters that may be appropriate to report to you.

As part of my audit, I will request from the trustees written confirmation concerning representations made to me in connection with the audit.

I am required by the Australian Auditing Standards to include an Emphasis of Matter paragraph in my audit report, and I note the anticipated wording will be:

Without modifying my opinion, I draw attention to note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared to assist the fund meet the requirements of the SMSF's governing rules, the Superannuation Industry (Supervision) Act 1993 and the Superannuation Industry (Supervision) Regulations 1994. As a result, the financial report may not be suitable for another purpose.

Audit of SIS Compliance

I am also required to form an opinion in respect of compliance with certain aspects of SIS and the Regulations thereto. My report must refer to the following Sections and Regulations:

Sections: 17A, 35AE, 35B, 35C(2), 62, 65, 66, 67, 67A, 67B, 82-85, 103, 104, 104A, 105, 109, 126K;
and

Regulations: 1.06(9A), 4.09, 4.09A, 5.03, 5.08, 6.17, 7.04, 8.02B, 13.12, 13.13, 13.14, 13.18AA.

Report on Significant Matters

Under *Section 129* of SIS, I am required to report to you in writing, if during the course of, or in connection with, my audit, I become aware of certain contraventions of the Act or Regulations which I believe has occurred, are occurring or may occur. There are instances where I will be obligated to report the contravention(s) to the Australian Taxation Office ("ATO"). I am also required under *Section 130* to report to you and the ATO if I believe the fund may be about to become or may be in an unsatisfactory financial position.

Report on Other Matters

I am required to inform you of certain uncorrected misstatements identified during the audit, and I must obtain representations from you acknowledging the uncorrected misstatements have been brought to your attention, and that you have considered the effects of these misstatements to be either material or immaterial individually, and in aggregate to the financial report.

At the completion of the audit, I will prepare an audit management letter to advise you of any matters encountered during the course of the audit that I believe should be brought to your attention. I am also required to form an opinion on the accounting policies adopted in preparing the financial report. Please note you should not assume that matters reported to you, or that a report that there are no matters to be communicated, indicates that there are no additional matters that you should be aware of in meeting your responsibilities.

Privacy and Quality Control

The conduct of my audit in accordance with Australian Auditing Standards means that information acquired by me in the course of my audit is subject to strict confidentiality requirements. I am also subject to the *Privacy Act 1988* in the handling of personal information. I will not use any personal information obtained during the audit for any purpose other than for the purpose of conducting the audit.

I will keep secure personal information obtained during the audit to ensure it is not misused, lost, or improperly accessed, modified or disclosed. After completing the audit, I will return to you any documents containing personal information that I obtain from you during the course of the audit, except for copies or extracts as required to be retained by auditing standards.

Information will not be disclosed by me to other parties except as required or allowed for by law or professional standards, or with your authority. My audit files may be subject to review as part of the quality control review program of The Certified Practising Accountants ("CPA Australia") which monitors compliance with professional standards by its members. My audit files may also be subject to review by the ATO and the Australian Securities and Investments Commission ("ASIC"). I advise you that by signing this letter you acknowledge that, if requested, my audit files relating to this audit will be made available under any of these review programs. The same strict confidentiality requirements apply under the CPA Australia, ATO and ASIC reviews that apply to me as your auditor.

Fees

My fees, which will be billed as work progresses, are based on the time required to complete the engagement, plus direct out-of-pocket expenses. It is policy that my fees be collected within 14 days from the date the invoice was issued, and I trust that this arrangement is acceptable to you.


This letter will be effective for future years unless I advise you of its amendment or replacement, or if the engagement is terminated. Please sign and return the attached copy of this letter to indicate that it is in accordance with your understanding of the arrangements for my audit.

Prior to my accepting this appointment as auditor, I am obligated to contact your current auditor. Your signature below permits me to do this. Should you not wish me to contact your current auditor, please contact me to discuss.

Yours faithfully,

UMESH MANEK ASIC Auditor No: 100263723


I understand and agree with the terms of this engagement.
Acknowledged on behalf of, Haydhanley Superannuation Fund by


.....

Signed

Adrian LeGassick
Director

.....
Dated


[Hayley LeGassick \(Mar 25, 2022 21:35 GMT+11\)](#)
.....

Signed

Hayley LeGassick
Director

Mar 25, 2022
.....
Dated

Haydhanley Superannuation Fund
3 Breimba St
GRAFTON NSW 2460

18 March 2022

Umesh Manek
PO Box H82, Australia Square
SYDNEY NSW 1215

Dear Sir,

Haydhanley Superannuation Fund Audit Representation Letter Year ended 30 June 2020

In connection with your examination of the special purpose financial report of the Haydhanley Superannuation Fund as of 30 June 2020, we acknowledge our responsibility for ensuring the financial report is in accordance with the accounting standards detailed in Note 1 to the financial statements. We confirm we have fulfilled our responsibility for the preparation of the financial report in accordance with the relevant financial reporting framework and confirm that the financial report is free of material misstatement, including omissions, and that we have approved the financial report, as evidenced by our signature on the trustee declaration attached to the financial report.

The following representations are made which are true to the best of our knowledge and belief:

Accounting Policies

All the significant accounting policies of the fund are adequately described in Note 1 to the financial statements and are consistent with the policies adopted last year, unless otherwise detailed in the notes to the financial statements.

Fund Books / Records / Minutes

As agreed in the terms of the audit engagement, all financial books, records and related data have been made available to you, including relevant minutes of the trustee's meetings and this information has been retained in the appropriate format for the required period of time.

We confirm all transactions have been recorded and are reflected in the financial report.

Asset Form

The assets of the fund are being held in a form suitable for the benefit of the members of the fund.

Ownership and Pledging of Assets

- a) The fund has satisfactory title to all assets disclosed in the statement of financial position; and
- b) No assets of the fund have been pledged to secure liabilities of the fund (unless the charge is permitted by the legislation) or of others.

Investments

- a) Investments as of 30 June 2020 are carried in the books at market value. Such amounts are considered reasonable in the light of present circumstances;
- b) There are no commitments, fixed or contingent, for the purchase or sale of long-term investments, that have not been disclosed in the financial report;
- c) The investment strategy has been determined with due regard to risk, return, liquidity and diversification; and
- d) Every effort has been made to ensure investments are acquired, maintained and disposed of on an arm's length basis.

Trust Deed

The fund is being conducted in accordance with its governing rules.

Income Tax Assessment Act, Superannuation Industry (Supervision) Act and Regulations

The fund is in compliance with the requirements of the relevant Income Tax Assessment Act, and the fund is being conducted in accordance with the Superannuation Industry (Supervision) Act 1993, and Superannuation Industry (Supervision) Regulations 1994 ("SIS") (with the exception of any contraventions as identified by you as the auditor) and we specifically confirm:

- a) The trustees/directors of corporate trustee have been nominated and may only be removed in such manner and circumstances as are allowed in the trust deed;
- b) The trustee has complied with all the trustee standards set out in the regulations and the covenants prescribed by SIS Section 52B;
- c) No trustee/director of the corporate trustee is a disqualified person;
- d) The trustee has complied with the investment standards set out in SIS; and
- e) Information retention obligations have been complied with.

All known instances of non-compliance or suspected non-compliance with the relevant Income Tax Assessment Act or the SIS legislation whose effects should be considered when preparing the financial report, or that impact your obligation to report certain matters to the Australian Taxation Office have been disclosed to you.

Internal Controls

We acknowledge our responsibility for the design, implementation and maintenance of internal controls to prevent and detect fraud. We have established and maintained an adequate internal control structure to facilitate the preparation of a reliable financial report and to ensure that the assets of the fund are safeguarded from fraud or error. We have assessed the risk that the financial report may be materially mis-stated as a result of fraud and advise we have no knowledge of any actual, suspected or alleged fraud affecting the fund.

The fund does not have a formal process for identifying, estimating or assessing business risks relevant to the financial reporting objectives, and this is considered appropriate in the circumstances. There are no specific risks arising from the information technology utilised by the fund that require attention by the trustee.

To monitor internal controls over financial reporting, we review all reports provided by the information technology systems utilised by the fund for accuracy. This assists in determining if the information is sufficiently reliable for financial reporting purposes.

In instances where the fund uses a custodian, we confirm we have not been advised of any fraud, non-compliance with laws and regulations or uncorrected misstatements that would affect the financial report of the fund.

Contributions

Contributions, if any, received by the fund have been reviewed in line with the limits imposed by the legislation, taking into account contributions paid to other superannuation funds, and any excessive contributions will be dealt with as required by the ATO.

Legal Matters

We confirm you have been advised of all significant legal matters, and that all known actual or possible litigation and claims have been adequately accounted for and been appropriately disclosed in the financial report.

Any minutes of meetings with the fund's legal counsel have been provided for audit review.

Related Parties

All related party transactions have been brought to your attention.

Subsequent Events

Other than those reported, there are no events subsequent to year end, nor any new litigation or claims referred to the fund's legal counsel, that would require adjustment to, or disclosure in, the financial report.

Going Concern Assumption

We confirm we have no knowledge of any events or conditions that would cast significant doubt on the fund's ability to continue as a going concern.

Safeguarding Assets

We have considered the importance of safeguarding the assets of the fund, and we confirm we have the following procedures in place to achieve this:

- a) Authorised signatories on bank and investment accounts are regularly reviewed and considered appropriate; and
- b) Tangible assets are, where appropriate, adequately insured and appropriately stored.

Risk of Fraud

The nature, extent and frequency of assessments undertaken by us to conclude that there is a low risk that the financial report is materially misstated due to fraud, are informal and ad-hoc given the nature of the fund, however we confirm:

- a) The trustees are signatories on all transactions, no other party has the authority to act on behalf of the trustee; and
- b) Reconciliations are undertaken by the trustee or the fund's accountant for both investments held and all bank accounts maintained by the fund.

We have not identified any specific risks of fraud; however, we acknowledge that if fraud existed within the fund, the most likely areas of concern would be investments or cash being mis-appropriated or contributions being intercepted prior to being banked into the fund's bank account.

Procedures for Identifying and Responding to Fraud


As trustee we believe adequate controls are in place to reduce the risk of fraud, however, should fraudulent activity be identified, the trustee would ensure all trustees are aware of the situation and the fund's accountant and auditor would be informed.

Depending on the situation, steps would be implemented to cease the fraudulent activity and further controls would be put in place to limit any future activity from affecting the fund.

Existence of Fraud

We confirm we have no knowledge of any actual, suspected or alleged fraud affecting the fund.

Yours faithfully,


.....
Hayley LeGassick (Mar 25, 2022 21:35 GMT+11)
Trustee


.....
Trustee

**King Sound Partners Pty Ltd As Trustees for
Haydhanley Superannuation Fund
Minutes of a Meeting of Directors**

Held:	10 Lake Kawana Boulevard, Birtinya Qld 4575
Date:	30 June 2016
Time:	4.00 pm
Present:	Adrian Legassick Hayley Legassick
Minutes of Previous Meeting:	The minutes of the previous meeting were read and confirmed as correct.
Business:	To formulate an investment strategy.
Investment Strategy:	The Trustees considered the circumstances of the Fund and the Members, including all circumstances required to be considered by the Trustees under the Superannuation Industry (Supervision) Act and related regulations.
Investment Objectives:	<p>The Trustees considered the circumstances of the Fund and the Members, including all circumstances required to be recorded under the Superannuation Industry (Supervision) Act and related regulations.</p> <p>The Trustees determined the Fund has the following investment objectives:</p> <ul style="list-style-type: none">• a net return above the inflation rate over a rolling average of five years;• appropriate diversity, in line with expected risk and return;• appropriate liquidity, in line with the Trustee's expected future net cash flows with a particular emphasis on meeting obligations to pay member retirement benefits; and• appropriate risk connected to making, holding and realising investments including any risk connected to inadequate diversification.
Investment Strategy:	<p>The Trustees confirmed the Fund may invest in:</p> <ul style="list-style-type: none">• equities, including dividend reinvestment programs and similar arrangements;• property trusts and associated investments;• managed investments and associated products thereof;• direct property investment;• derivatives of the above; and

- any other investment permitted by its trust deed.

The Trustees considered the Fund's mix of investments, including its diversity and liquidity, and resolved that this mix of investments suited the Fund and optimised the interests of the members and their retirements.

Insurance Matters and other Matters:

The Trustees considered the Fund's existing position regarding life insurance, trauma insurance, total and permanent disability insurance and income continuance arrangements for members, and similar insurances. The Trustees then resolved that this position was appropriate to the circumstances of the Fund and the members and no changes were needed.

The Trustees considered the Fund's existing position regarding other matters required to be considered by the Trustees under the Superannuation Industry (Supervision) Act and related regulations and resolved that the existing position was appropriate to the circumstances of the Fund and the members.

Investment Records and Accounting:

The Trustees resolved to keep the assets of the Fund separate from those held by the Trustees in any other capacity and to ensure that wherever practicable assets were recorded by other persons as being owned by the Trustees in their capacity as trustees of the Fund.

The Trustees resolved to value assets at market value for reporting purposes for the year ending 30 June 2016 and later years.

Regular and Ongoing Reviews:

The Trustees confirmed that the Fund's investment strategy has been regularly reviewed over the last year. These reviews were on-going and occurred frequently as the Trustees applied their minds to the Fund's investments including risk, diversity and liquidity.

The Trustees noted that due to their ongoing and informal nature, and high frequency, these reviews were not recorded in the minutes of the Trustees' meetings.

The Trustees resolved to continue to regularly review the Fund's investment strategy and all other strategies required to be regularly up-dated under the Superannuation Industry (Supervision) Act and related regulations.

The Trustees resolved to complete these reviews as frequently as needed to comply with the Superannuation Industry (Supervision) Act and related regulations. The Trustee noted that many of these reviews would not be recorded in the minutes of the


meetings, due to their informal nature and high frequency.

The Trustees resolved to formally record these on-going investment strategy reviews once a year in writing, or when an event occurred requiring a significant change to the Fund's investment strategy.

Closure:

There being no other business the meeting closed

Signed as a true and correct record on the date stated below.


.....
Trustee

Haydhanley Superannuation Fund


Trustee Declaration


In the opinion of the Trustees of the Haydhanley Superannuation Fund.

The Fund is not a reporting entity and this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to these financial statements.

- (i) the financial statements and notes to the financial statements for the year ended 30 June 2020 present fairly the financial position of the Fund at 30 June 2020 and the results of its operations for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements; and
- (ii) the financial statements and notes to the financial statements have been prepared in accordance with the requirements of the Trust Deed; and
- (iii) the operation of the Fund has been carried out in accordance with its Trust Deed and in compliance with the requirements of the Superannuation Industry (Supervision) Act 1993 during the year ended 30 June 2020.

Signed in accordance with a resolution of the directors of King Sound Partners Pty Ltd by:


..... Dated:/...../.....
Adrian LeGassick
Director: King Sound Partners Pty Ltd


Hayley LeGassick (Mar 25, 2022 21:35 GMT+11)
..... Dated: Mar 25, 2022
Hayley LeGassick
Director: King Sound Partners Pty Ltd

**MINUTES OF THE MEETING OF THE DIRECTOR(S) OF THE CORPORATE TRUSTEE KING
SOUND PARTNERS PTY LTD ATF
HAYDHANLEY SUPERANNUATION FUND
HELD ON Mar 25, 2022 AT
3 BREIMBER ST, GRAFTON NSW**

PRESENT

Adrian LeGassick
Hayley LeGassick

**ALLOCATION OF NET
INCOME:**

It was resolved that the income of the fund be proportionally allocated to members based on the members' daily weighted average balances. The following amounts of income, and related amounts of tax, are to be credited to / debited from member accounts:

	Income	Fund Tax	Conts Tax	Direct Tax
<i>Mrs Hayley LeGassick</i> Accumulation	3,482	(446)	446	0

**REPORTING ENTITY
CONCEPT:**

It was resolved that, in the opinion of the trustee, the fund is not a reporting entity because it is unlikely that users exist who are unable to command the preparation of reports tailored so as to satisfy specifically all their information needs.

Therefore, the financial statements for the fund are to be prepared on the basis of the fund being a "non-reporting entity", and will therefore take the form of Special Purpose Financial Reports.

**REPORTS AND
STATEMENTS:**

The Financial Reports consisting of Statement of Financial Position, Operating Statement and Notes to the Financial Statements, Trustee's Declaration, Compilation Report, Auditor's Report and Member Statement for the period ended 30 June 2020 were tabled for consideration at the meeting.

It was resolved that the financial statements be adopted in their present format and that the statement by the trustees attached to the financial reports be signed by the Trustees, stating that:

1. the financial statements are drawn up so as to present fairly the financial position of the fund as at 30 June 2020, the benefits accrued as a result of operations and its cash flow for the year then ended;
2. the financial statements have been prepared in accordance with the requirements of the trust deed and Australian Accounting Standards as noted in Note 1 to the Financial Statements and
3. the fund has operated substantially in accordance with the trust deed and the requirements of the *Superannuation Industry (Supervision) Act 1993 (SISA)*, during the year ended 30 June 2020.

INCOME TAX RETURN:

The completed Self-Managed Superannuation Fund Annual Return for the financial year ended 30 June 2020 was tabled for consideration at the meeting.

It was resolved that:

1. the particulars contained in the 2020 income tax return and the relevant records used to ascertain the taxable income, as shown, derived by the fund from all sources in and out of Australia during the year of income are true and correct and;
2. the fund satisfies the statutory requirements and conditions applicable to be classified as a 'Regulated Superannuation Fund/Complying Superannuation Fund' for the year of income and;
3. the income tax return be adopted in its present format and that the Return be signed by the Trustees.

REVIEW OF INVESTMENT STRATEGY:

The fund's investment performance for the year ended 30 June 2020 and existing investment strategy have been reviewed by the Trustees, after considering:

1. the risk involved in making, holding and realising, and the likely return from, the fund's investments having regard to its objectives and its expressed cash flow requirements;
2. the composition of the fund's investments as a whole including the extent to which the investments are diverse or involve the funds being exposed to risks from inadequate diversification;
3. the liquidity of the fund's investments having regard to its expected cash flow requirements;
4. the ability of the fund to discharge its existing and prospective liabilities;
5. whether the fund should hold a contract of insurance that provides insurance cover for members of the fund; and
6. the effect of the fund's investments on the above requirements and all matters relating to the prudential nature of the investment being continuously monitored, regularly reviewed and to make sure they adhere to fund's investment objectives and relevant legislation.

It was resolved that the aims and objectives of the investment strategy were being achieved and that the said investment strategy requires no further modification or adoption at this time.

TRUSTEE AND MEMBER STATUS:

Each of the trustee(s) confirmed that they are qualified to act as trustee(s) of the fund and that they are not disqualified persons as defined by Section 120 of the SISA.

Each of the member(s) confirmed that they are a member of the fund and agreed to be bound by the provisions contained within the Trust Deed of the fund (and any subsequent amendments).

AUDITOR:

It was resolved that

Umesh Manek
of
Australian Super Audits Pty Ltd

act as the auditor of the fund for the next financial year.

TAX AGENT:


It was resolved that

Mrs Kim Jay
of
Initiative Group
Suite 2 The Edge East
10 Lake Kawana Blvd
BIRTINYA, QLD 4575


act as the tax agent of the fund for the next financial year.

CLOSURE:

There being no further business the meeting was closed.


.....
Adrian LeGassick
Director

Dated/...../.....


[Hayley LeGassick \(Mar 25, 2022 21:35 GMT+11\)](#)
.....
Hayley LeGassick
Director

Dated Mar 25, 2022

HAYDHANLEY SUPERANNUATION FUND

MEMBER BINDING DEATH BENEFIT NOMINATION

MEMBER BINDING DEATH BENEFIT NOMINATION

Date:

Name of Fund: Haydhanley Superannuation Fund

Members name: Hayley LeGassick of 3 Bremba St, GRAFTON NSW 2460

Date of Birth: 2 November 1964

BINDING NOMINATION

I, Hayley being a member of the Fund hereby make the following Binding Death Benefit Nomination in respect of all of my superannuation interests in the Fund pursuant to the Fund's Rules:

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
		%
Total		%

If all persons nominated in the table above do not survive me, or die before the relevant entitlement has been paid, then I hereby make the direction to pay a lump sum payment to the nominated beneficiary(s) below by the Trustee.

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
		%
		%
Total		%

If any persons nominated in the table above do not survive me, their relevant share of the superannuation benefit must be paid to the other person or persons or their legal representatives. In the case that one or more have survived me they are able to take the benefit as a lump sum payment.

If all persons nominated in the table immediately above do not survive me, or die before the relevant entitlement has been paid, then I hereby make the direction to pay a lump sum payment to the nominated beneficiary(s) below by the Trustee.

<i>Full name of nominated beneficiary</i>	<i>Relationship to member</i>	<i>Percentage (must total 100%)</i>
		%

Total	%
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I revoke all of my prior binding death benefit nominations and declare this to be my last Binding Death Benefit Nomination.

Signed by:

The Member

Signed by Hayley LeGassick:

Hayley LeGassick
Member

WITNESS DECLARATIONS

Declaration of Witness 1:

I, (print name of Witness 1).....

of (print address).....

declare that:

- 1) I am a person over 18 years;
- 2) I am not a person mentioned in the Binding Death Benefit Nomination; and
- 3) Hayley LeGassick of 3 Breimba St, GRAFTON NSW 2460 signed this Death Benefit Nomination in my presence and in the presence of the other witness.

Witness Name / Signature

Dated: _____

Declaration of Witness 2:

I, (print name of Witness 2).....

of (print address).....

declare that:

- 1) I am a person over 18 years;
- 2) I am not a person mentioned in the Binding Death Benefit Nomination; and
- 3) Hayley LeGassick of 3 Breimba St, GRAFTON NSW 2460 signed this Death Benefit Nomination in my presence and in the presence of the other witness.

Witness Name / Signature

Dated: _____

**LETTER OF ACCEPTANCE BY TRUSTEE FOR THE BINDING DEATH BENEFIT
NOMINATION FOR HAYLEY LEGASSICK**

Date:

ATTENTION:

Hayley LeGassick of 3 Breimba St, GRAFTON NSW 2460

TRUSTEE ACCEPTANCE:

The Trustee has received your Binding Death Benefit Nomination prepared in accordance with the Trust Deed of the Fund. A review has been undertaken in relation to the request with advice sought from the Fund's SMSF adviser.

Following this advice, the Trustee has resolved to accept your Binding Death Benefit Nomination. Notwithstanding the provisions of the Binding Death Benefit Nomination, the Trustee reserves the right at the time of death to assess the cash flow requirements that may be faced by the Fund as a consequence of any death benefits becoming payable. If the Trustee, on the advice of a SMSF adviser or the Fund's auditor, is of the view that the payment of any binding death benefit payout may render the Fund insolvent the Trustee may take appropriate action to adjust the payment of your superannuation benefits.

The Binding Death Benefit Nomination shall remain valid unless revoked or varied by Hayley LeGassick.

If you wish to amend your Binding Death Benefit Nomination, please provide the Trustee with details of the amendment as soon as possible and ensure that any amendment is prepared in accordance with the Trust Deed of the Fund.

Signed by:

The Trustee

Executed by KING SOUND PARTNERS PTY LTD - ACN 606 403 776 by:

Adrian LeGassick
Director

Hayley LeGassick
Director

Director resolution

By _____

KING SOUND PARTNERS PTY LTD - ACN 606 403 776 (the 'Trustee')

Binding death benefit nomination

- 1 The Company is the trustee of Haydhanley Superannuation Fund (Fund).
- 2 A completed binding death benefit nomination from Hayley LeGassick in relation to the Fund has been provided to the Company.

Resolution

- 3 To permit members of the Fund to provide the Company with binding death benefit nominations in respect of their benefits in the Fund.
- 4 The Company acknowledges the binding death benefit nomination is binding on it pursuant to the trust deed for the Fund.
- 5 To accept the nomination effective immediately.

The Directors

Signed by Adrian and Hayley LeGassick:

Adrian LeGassick
Director

Hayley LeGassick
Director

Dated: _____

Dated: _____

**King Sound Partners Pty Ltd As Trustees for
Haydhanley Superannuation Fund
Minutes of a Meeting of Directors**

Held: 10 Lake Kawana Boulevard, Birtinya Qld 4575

Date: 30 June 2020

Time: 4.00 pm


Present: Adrian LeGassick
Hayley LeGassick

Minutes of Previous Meeting: The minutes of the previous meeting were read and confirmed.

Business: The Directors, RESOLVE as follows:

The tenants occupying the property situated at 3/103 Victoria St, GRAFTON, NSW 2460 are not related to the Haydhanley Superannuation Fund.

Closure: There being no further business the meeting was closed.


[Hayley LeGassick \(Mar 25, 2022 21:35 GMT+11\)](#)
Trustee

**King Sound Partners Pty Ltd As Trustees for
Haydhanley Superannuation Fund
Minutes of a Meeting of Directors**

Held: 10 Lake Kawana Boulevard, Birtinya Qld 4575

Date: 30 June 2021

Time: 4.00 pm

Present: Adrian LeGassick
Hayley LeGassick

Business: The Directors, RESOLVE as follows:

It is confirmed that a loan amounting to \$100,000 was withdrawn by Adrian LeGassick.

Closure: It was resolved that these minutes be signed as a true record of the proceedings of the meeting.

There being no further business the meeting was closed.

A LeGassick

.....
Trustee

**King Sound Partners Pty Ltd As Trustees for
Haydhanley Superannuation Fund
Minutes of a Meeting of Directors**

Held: 10 Lake Kawana Boulevard, Birtinya Qld 4575

Date: 30 June 2020

Time: 4.00 pm


Present: Adrian LeGassick
Hayley LeGassick

Minutes of Previous Meeting: The minutes of the previous meeting were read and confirmed.

Business: To accept Valuation for rental property.

The Trustees accepted the value to be \$280,000 for the property situated at 3/103 Victoria St, GRAFTON, NSW 2460 from the Settlement Statement dated 30 July 2021.

Closure: There being no further business the meeting was closed.


[Hayley LeGassick \(Mar 25, 2022 21:35 GMT+11\)](#)
Trustee

Electronic lodgment declaration (Form MS)

(for self-managed superannuation funds)

Part A: Taxpayer's declaration

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines our commitment to safeguarding your details.

Electronic funds transfer – direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number	Fund name	Year of return
963669365	Haydhanley Superannuation Fund	2020

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

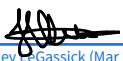
Important: Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration

I declare that:

- all of the information I have provided to the agent for the preparation of this document is true and correct
- I authorise the agent to give this document to the Commissioner of Taxation

Signature of trustee or director


Hayley LeGassick (Mar 25, 2022 21:35 GMT+11)

Date

Mar 25, 2022

Part B: Electronic funds transfer consent

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important:

Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Agent's reference number	Account name
23067003	King Sound Partners Pty Ltd ATF Haydhanley Superannuation Fund

I authorise the refund to be deposited directly to the specified account.

Signature of trustee or director

Date

Part D: Tax agent's certificate (shared facility users only)

Declaration: I declare that:

- I have prepared this tax return in accordance with the information supplied by the trustees;
- I have received a declaration by the trustees that the information provided to me for the preparation of this tax return is true and correct, and;
- I am authorised by the trustees to lodge this tax return, including any applicable schedules.

Signature of tax agent

Date

Agent's contact name	Agent's phone	Agent's reference	Client's reference
MRS Kim Jay	07 54378888	23067003	HAYD0005



Australian Government
Australian Taxation Office

Agent INITIATIVE ACCOUNTING PTY LTD
Client THE TRUSTEE FOR HAYDHANLEY
SUPERANNUATION FUND
ABN 74 655 164 235

Payment options

If you can't make a payment using BPAY[®], credit or debit card, other payment options are also available. It may take up to five business days for your ATO account to reflect any payments.

Account	Income tax 2 THE TRUSTEE FOR HAYDHANLEY SUPERANNUATION FUND
Payment reference number	002009636693656821
Overdue	\$0.00
Balance	\$259.00

BPAY[®]



Biller code 75556
Ref 002009636693656821

Telephone and Internet Banking - BPAY[®]

Contact your bank or financial institution to make this payment from your cheque, savings, debit or credit card account.
For more information see www.bpay.com.au

Credit or Debit card

Pay online with the Government EasyPay card payment service or ATO online (individuals).

A card payment fee will apply equal to the fee we incur from our bank.

Payment reference number	002009636693656821
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Australia Post

Payment can be made in person at Australia Post outlets using cash, cheque or money order.

Payment reference number	002009636693656821
---------------------------------	--------------------



*171 002009636693656821

Haydhanley Superannuation Fund

Financial Statements and Reports
For the period 30 June 2020

Initiative Accounting Group
2/10 Lake Kawana Blvd
Birtinya QLD 4575

Phone: 07 5437 8888
Email: info@initiativegroup.com.au

Haydhanley Superannuation Fund

Reports

Table of Contents

Report Name	Page No.
Cover Letter	1
Operating Statement (Profit and Loss) Report	2
Operating Statement (Profit and Loss) Report	3
Rental Property Schedule	5
Statement of Financial Position (Balance Sheet)	6
Statement of Financial Position (Balance Sheet)	7
Notes to the Financial Statements	8
Trustee Declaration Report	12
Compilation Report - SMSF	13
Statement of Taxable Income Report	14
Annual Return - SMSF	15
Annual Return Losses Schedule - SMSF	27
Electronic Lodgment Declaration	30
Annual Trustee Minutes/Resolutions	31
Member Statement	34
Member Summary Report	37
Contribution Cap Report	38
Investment Summary Report	41
Investment Allocation	42
Investment Performance	44

Haydhanley Superannuation Fund
Operating Statement
For the period 1 July 2019 to 30 June 2020

	Note	2020 \$	2019 \$
Income			
Member Receipts			
Contributions			
Employer		2,972	16,390
Member		-	4,378
Investment Gains			
Increase in Market Value	8A	15,561	21,291
Investment Income			
Interest	7A	41	179
Rent	7B	16,217	7,124
		<u>34,791</u>	<u>49,363</u>
Expenses			
Member Payments			
Rollovers Out		2,000	100
Other Expenses			
Accountancy Fee		6,595	1,045
Audit Insurance		320	-
Bank Fees		1,993	484
Borrowing Expenses		1,457	1,453
Depreciation		386	139
Filing Fees		587	574
Property Expenses		16,481	18,949
SMSF Supervisory Levy		518	-
		<u>30,337</u>	<u>22,745</u>
Benefits Accrued as a Result of Operations before Income Tax		4,454	26,618
Income Tax		<u>-</u>	<u>-</u>
Benefits Accrued as a Result of Operations		<u>4,454</u>	<u>26,618</u>

*The accompanying notes form part of these financial statements.
This report should be read in conjunction with the accompanying compilation report.*

Haydhanley Superannuation Fund
Detailed Operating Statement
For the period 1 July 2019 to 30 June 2020

	Note	2020 \$	2019 \$
Income			
Member Receipts			
Contributions			
Employer			
Mrs Hayley LeGassick		2,972	16,390
Member			
Personal Non-Concessional			
Mrs Hayley LeGassick		-	4,378
Investment Gains			
Increase in Market Value	8A		
Direct Property			
3/103 Victoria St, Grafton		15,561	21,291
Investment Income			
Interest	7A		
Cash At Bank			
ANZ Operating Account 2200-16776		41	179
Rent	7B		
Direct Property			
3/103 Victoria St, Grafton		16,217	7,124
		34,791	49,363

*The accompanying notes form part of these financial statements.
This report should be read in conjunction with the accompanying compilation report.*

Haydhanley Superannuation Fund
Detailed Operating Statement
For the period 1 July 2019 to 30 June 2020

Expenses		
Member Payments		
Rollovers Out		
Mrs Hayley LeGassick	2,000	100
Other Expenses		
Accountancy Fee	6,595	1,045
Audit Insurance	320	-
Bank Fees		
Cash At Bank		
ANZ Operating Account 2200-16776	50	4
Limited Recourse Borrowing Arrangement		
LaTrobe Financial Loan a/c 40 328 510 3	1,943	480
Borrowing Expenses	1,457	1,453
Depreciation		
Capital Allowances		
Direct Property		
3/103 Victoria St, Grafton	386	139
Filing Fees	587	574
Property Expenses		
Agents Management Fee		
Direct Property		
3/103 Victoria St, Grafton	-	470
Body Corporate		
Direct Property		
3/103 Victoria St, Grafton	1,676	1,862
Council Rates		
Direct Property		
3/103 Victoria St, Grafton	1,690	2,667
Interest Paid		
Direct Property		
3/103 Victoria St, Grafton	13,115	13,755
Repairs Maintenance		
Direct Property		
3/103 Victoria St, Grafton	-	168
Sundry Expenses		
Direct Property		
3/103 Victoria St, Grafton	-	26
SMSF Supervisory Levy	518	-
	30,337	22,745
Benefits Accrued as a Result of Operations before Income Tax	4,454	26,618
Income Tax	-	-
Benefits Accrued as a Result of Operations	4,454	26,618

*The accompanying notes form part of these financial statements.
This report should be read in conjunction with the accompanying compilation report.*

Haydhanley Superannuation Fund
Fund ABN: 74 655 164 235
Rental Property Schedule
For the Period From 1 July 2019 to 30 June 2020

Property Account Name **3/103 Victoria St, Grafton**
Property Type Residential
Address of the Property 3/103 Victoria Street
 Grafton, NSW 2460
 Australia

Description	Tax Return Label	Amount
Income		
Rent from Property	B	16,217
Gross Rent		16,217
Expenses		
Body Corporate	I1	1,676
Capital Allowances	E	386
Council Rates	I	1,690
Interest Paid	A1	13,115
Total Expenses		16,867
Net Rent		(651)

Haydhanley Superannuation Fund
Statement of Financial Position
as at 30 June 2020

	Note	2020 \$	2019 \$
Assets			
Investments			
Direct Property	6A	280,000	259,000
Loans	6B	100,000	-
Other Assets	6C	472	1,929
Other Assets			
Cash At Bank		504	114,733
Current Tax Assets		259	259
Total Assets		<u>381,235</u>	<u>375,921</u>
Liabilities			
Borrowings		174,714	173,855
Total Liabilities		<u>174,714</u>	<u>173,855</u>
Net Assets Available to Pay Benefits		<u>206,520</u>	<u>202,067</u>
<i>Represented by:</i>			
Liability for Accrued Benefits	2		
Mrs Hayley LeGassick		206,520	202,067
Total Liability for Accrued Benefits		<u>206,520</u>	<u>202,067</u>

*The accompanying notes form part of these financial statements.
This report should be read in conjunction with the accompanying compilation report.*

Haydhanley Superannuation Fund
Detailed Statement of Financial Position
as at 30 June 2020

	Note	2020 \$	2019 \$
Assets			
Investments			
Direct Property	6A		
3/103 Victoria St, Grafton		280,000	259,000
Loans	6B		
Loan - Adrian LeGassick		100,000	-
Other Assets	6C		
Borrowing Costs		472	1,929
Other Assets			
Cash At Bank			
ANZ Operating Account 2200-16776		504	114,733
Current Tax Assets			
Income Tax Payable		259	259
Total Assets		381,235	375,921
Liabilities			
Borrowings			
Limited Recourse Borrowing Arrangement			
LaTrobe Financial Loan a/c 40 328 510 3		174,714	173,855
Total Liabilities		174,714	173,855
Net Assets Available to Pay Benefits		206,520	202,067
<i>Represented by:</i>			
Liability for Accrued Benefits	2		
Mrs Hayley LeGassick			
Accumulation		206,520	202,067
Total Liability for Accrued Benefits		206,520	202,067

*The accompanying notes form part of these financial statements.
This report should be read in conjunction with the accompanying compilation report.*

Haydhanley Superannuation Fund

Notes to the Financial Statements

As at 30 June 2020

Note 1 - Statement of Significant Accounting Policies

The following significant accounting policies have been adopted in the preparation and presentation of the financial statements. They have been consistently applied in the current and previous periods unless otherwise stated to ensure the financial information satisfies the concept of relevance and reliability.

(a) Statement of Compliance

The trustees have prepared the financial statements on the basis that the superannuation fund is a non-reporting entity because the members are able to command the preparation of tailored reports so as to satisfy specifically all of their information needs and there are no other users dependent on the financial statements. The financial statements are therefore special purpose financial statements that have been prepared in accordance with the legislative requirements of the *Superannuation Industry (Supervision) Act 1993* and *Regulations 1994* and the provisions of the Trust Deed. The trustees have determined that the accounting policies adopted are appropriate to meet their needs.

(b) Basis of Preparation

The financial statements have been prepared on a cash basis using historical costs convention unless stated otherwise. For investments and financial liabilities, they are measured at market values.

The financial statements are presented in Australian dollars, which is the functional currency of the fund.

(c) Use of Accounting Estimates and Judgments

The preparation of financial statements requires the trustees to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future period affected.

(d) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks or financial institutions and short-term, highly liquid investments that are readily convertible to cash and are subject to an insignificant risk of change in value.

(e) Foreign Currency

Any foreign currency transactions during the financial year are brought to account using the exchange rate in effect at the date of the transaction. Foreign currency monetary items at reporting date are translated at the exchange rate existing at reporting date. Exchange differences are recognised in the operating statement in the period in which they arise.

(f) Valuation of Assets

Investment

An investment is initially recognised when as a result of past transactions or events, the Fund controls the future economic benefits expected to flow from the asset.

The investment assets are firstly recorded at cost, being the fair value of the consideration given. After initial recognition, they are measured at market value. Gains or losses arising from changes in market value are recognised on the Operating Statement in the periods in which they occur.

Market value as defined in s10 of *SISA 1993*, in relation to an asset, means the amount that a willing buyer of the asset could reasonably be expected to pay to acquire the asset from a willing seller if the following assumptions were made:

- i. that the buyer and the seller dealt with each other at arm's length in relation to the sale;
- ii. that the sale occurred after proper marketing of the asset;
- iii. that the buyer and the seller acted knowledgeably and prudentially in relation to the sale.

As disposal costs are generally immaterial unless otherwise stated, market value approximates fair value.

This report should be read in conjunction with the accompanying compilation report.

Haydhanley Superannuation Fund

Notes to the Financial Statements

As at 30 June 2020

Market values for various types of investment have been determined as follows:

- i. listed securities, government and other fixed interest securities for which there is a readily available market quotation, the valuation is recorded as the last quoted sale price as at the close of business on reporting date. If the listed securities are foreign, they are also converted to Australian dollars using the exchange rate at the close of business on the reporting date;
- ii. unit trusts and managed funds are stated by reference to the unit redemption price quoted by the fund manager at the end of the reporting period;
- iii. unlisted investments are stated at the Trustees' valuation based on estimated market value at balance date; or where necessary, upon external valuers' expert opinions;
- iv. Investment properties are carried at market value and are held for the purpose of generating long-term rental yields and capital appreciation. The Trustees give consideration to the value of the investment property each financial year and revalue when a significant event occurs or when deemed appropriate. Where an external valuation has been obtained, the valuation is based on objective and supportable data and has been carried out by a property valuation service provider or qualified independent valuer as appropriate.

Financial Liabilities

The Fund initially recognises a financial liability on the date it becomes a party to the contractual provisions of the instrument.

Financial liabilities including credit balances of hedging instruments and derivatives are measured at market values as at the reporting date. Any change in market values of the financial liabilities since the beginning of the reporting period shall be included in the profit or loss for the reporting period. As disposal costs are generally immaterial, unless otherwise stated, market value approximates fair value.

Receivables and Payables

Current assets such as accounts receivable, which are expected to be recovered within twelve months after the reporting period, are carried at nominal amounts which approximate the fair values.

Accounts payable are recognised when the Fund becomes obliged to make future payments resulting from the goods and services received, whether or not billed to the Fund and are carried at nominal amounts which are equivalent to fair values.

(g) Revenue Recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Fund and the revenue can be reliably measured. Revenue is measured at the fair value of consideration received or receivable. The following recognition criteria relate to the specific items of revenue the Fund receives:

Interest

The interest revenue is recognised by the Fund on a cash receipt basis, unless the Fund chooses the accrual method and the amount can be reliably measured by reference to the principal outstanding and using the effective interest rate of the instrument calculated at the acquisition or origination date.

Dividend Revenue

The entitlement to a dividend is based on the date the shares are quoted ex-dividend; the actual dividend revenue is recognised by the Fund when it is received.

Distribution Revenue

Distributions from unit trusts and managed funds are recognised as at the date the unit value is quoted ex-distributions and if not received at the end of the reporting period, are reflected in the statement of financial position as a receivable at market value.

Rental Income

Rent from investment properties is recognised by the Fund on a cash receipt basis.

Movement in market values

Changes in the market value of investments are determined as the difference between the market value at balance date or consideration received (if sold during the year) and the market value as at the prior year end or cost (if the investment was acquired during the period). All movements are recognised in the Operating Statement.

This report should be read in conjunction with the accompanying compilation report.

Haydhanley Superannuation Fund

Notes to the Financial Statements

As at 30 June 2020

Contributions and Rollovers In

Contributions and rollovers in are recognised when the control and the benefits from the revenue have been attained and are recorded by the Fund, gross of any taxes, in the period to which they relate.

The financial report was authorised for issue on 21 March 2022 by the directors of the trustee company.

Note 2 – Liability for Accrued Benefits

The liability for accrued benefits represents the fund's present obligation to pay benefits to members and beneficiaries and has been calculated as the difference between the carrying amount of the assets and the carrying amount of the other payables and income tax liabilities as at the end of the reporting period. Changes in the Liability for Accrued Benefits are as follows:

	Current
Liability for Accrued Benefits at beginning of period	202,067
Benefits Accrued during the period	6,454
Benefits Paid during the period	(2,000)
Liability for Accrued Benefits at end of period	<u>206,520</u>

Any amount in the Unallocated Contributions account represent amounts that have been received by the fund from either the members of the fund or a third party but have not been allocated to any specific member as at the reporting date. It is the intention of the trustee to allocate any such amounts recorded as unallocated contributions within 28 days following the end of the month to specific fund member, which will increase the liability for members accrued benefits.

Note 3 – Vested Benefits

Vested benefits are benefits which are not conditional upon continued membership of the fund (or any factor other than resignation from the plan) and include benefits which members were entitled to receive had they terminated their fund membership as at the reporting period.

	Current
Vested Benefits at beginning of period	202,067
Benefits Accrued during the period	6,454
Benefits Paid during the period	(2,000)
Vested Benefits at end of period	<u>206,520</u>

Note 4 – Guaranteed Benefits

No guarantees have been made in respect of any part of the liability for accrued benefits.

Note 5 – Funding Arrangements

No fixed funding arrangements were in place for the Fund as at year end.

Note 6A – Direct Property

	Current
At market value:	
3/103 Victoria St, Grafton	280,000
	<u>280,000</u>

Note 6B – Loans

	Current
At market value:	
Loan - Adrian LeGassick	100,000
	<u>100,000</u>

This report should be read in conjunction with the accompanying compilation report.

Haydhanley Superannuation Fund
Notes to the Financial Statements
As at 30 June 2020

Note 6C – Other Assets

	Current
At market value:	
Borrowing Costs	472
	<u>472</u>

Note 7A – Interest

	Current
ANZ Operating Account 2200-16776	41
	<u>41</u>

Note 7B – Rent

	Current
3/103 Victoria St, Grafton	16,217
	<u>16,217</u>

Note 8A – Increase in Market Value

	Current
Direct Property	
3/103 Victoria St, Grafton	15,561
	<u>15,561</u>

Note 9 – Subsequent Events

Subsequent to the end of the financial year there have been considerable impacts in Australia and globally arising from the Coronavirus (COVID-19) pandemic, and Government actions to reduce the spread of the virus.

At the date of signing the financial statements the Trustees are unable to determine what financial effects the outbreak of the virus could have on the fund in the coming financial period.

No financial effects arising from the economic impacts of the virus have been included in the financial statements for the year ended 30 June 2020. The impacts may include a significant reduction in the carrying value of the SMSF assets and investments. The Trustees acknowledge their responsibility to continuously monitor the situation and evaluate this impact including whether the fund remains a going concern and its ability to pay its liabilities and future retirement benefits.

This report should be read in conjunction with the accompanying compilation report.

Haydhanley Superannuation Fund

Trustee Declaration

In the opinion of the Trustees of the Haydhanley Superannuation Fund.

The Fund is not a reporting entity and this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to these financial statements.

- (i) the financial statements and notes to the financial statements for the year ended 30 June 2020 present fairly the financial position of the Fund at 30 June 2020 and the results of its operations for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements; and
- (ii) the financial statements and notes to the financial statements have been prepared in accordance with the requirements of the Trust Deed; and
- (iii) the operation of the Fund has been carried out in accordance with its Trust Deed and in compliance with the requirements of the Superannuation Industry (Supervision) Act 1993 during the year ended 30 June 2020.

Signed in accordance with a resolution of the directors of King Sound Partners Pty Ltd by:

..... Dated:/...../.....
Adrian LeGassick
Director: King Sound Partners Pty Ltd

..... Dated:/...../.....
Hayley LeGassick
Director: King Sound Partners Pty Ltd

Compilation Report to the Trustees and Members of Haydhanley Superannuation Fund

ABN 74 655 164 235
For the period 1 July 2019 to 30 June 2020

On the basis of the information provided by the Trustees of Haydhanley Superannuation Fund, we have compiled the accompanying special purpose financial statements of Haydhanley Superannuation Fund for the period ended 30 June 2020, which comprise the Statement of Financial Position, Operating Statement, a summary of significant accounting policies and other explanatory notes.

The specific purpose for which the special purpose financial statements have been prepared is to provide information relating to the performance and financial position of Haydhanley Superannuation Fund that satisfies the information needs of the trustees and the members.

The Responsibility of Trustees

The Trustees of Haydhanley Superannuation Fund are solely responsible for the information contained in the special purpose financial statements and have determined that the basis of accounting adopted and financial reporting framework used are appropriate to meet the needs of the members.

Our Responsibility

On the basis of information provided by the Trustees of Haydhanley Superannuation Fund, we have compiled the accompanying special purpose financial statements in accordance with the same financial reporting framework/basis of accounting used above and **APES 315: *Compilation of Financial Information***.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the Trustees provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The special purpose financial statements were compiled exclusively for the benefit of the Trustees and members of the fund and purpose identified above. We do not accept responsibility to any other person for the contents of the special purpose financial statements.

Signature of Accountant

Dated: 21 March 2022



Name of Signatory: Mrs Kim Jay

Address: Suite 2 The Edge East
10 Lake Kawana Blvd
BIRTINYA, QLD 4575

¹ Refer to AUASB Standards for the issuance of audit opinions and review conclusions

Haydhanley Superannuation Fund
Statement of Taxable Income
For the Period from 1 July 2019 to 30 June 2020

Description	Tax Return Ref.	Amount
<u>Income</u>		
Section B		
Total Gross Rent and Other Leasing & Hiring Income	B	16,216
Total Gross Interest	C	40
Total Assessable Employer Contributions	R1	2,972
Total Assessable Contributions	R	2,972
Total Assessable Income		19,228
<u>Deductions</u>		
Section C		
Total Interest Expenses within Australia	A	13,114
Total Deduction for Decline in Value of Depreciating Assets	E	386
Total Investment Expenses	I	5,359
Total Management and Administration Expenses	J	8,959
Total Other Deductions	L	518
Total Deductions		28,336
Taxable Income or Loss	(V - N) O	-9,108.00
<u>Income Tax Calculation Statement</u>		
Section D		
Gross Tax		
Total Gross Tax		0
Rebates and Offsets		
	C	0
SUBTOTAL		0
Total Eligible Credits		0
Net Tax Payable		0
Total Supervisory Levy	L	259
Total Amount Due / (Refundable)		259

Self-managed superannuation fund annual return 2020

Who should complete this annual return?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2020* (NAT 71287).

- ! The *Self-managed superannuation fund annual return instructions 2020* (NAT 71606) (the instructions) can assist you to complete this annual return.
- The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).

To complete this annual return

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S M I T H S T

- Place in ALL applicable boxes.

- Postal address for annual returns:

Australian Taxation Office
GPO Box 9845
 [insert the name and postcode
 of your capital city]

Section A: Fund information

1 **Tax file number (TFN)**

➤ To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9.

- ! The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.

2 **Name of self-managed superannuation fund (SMSF)**

Haydhanley Superannuation Fund

3 **Australian business number (ABN)** (if applicable)

4 **Current postal address**

Suite 2 The Edge East

10 Lake Kawana Blvd

Suburb/town

BIRTINYA

State/territory

QLD

Postcode

4575

5 **Annual return status**

Is this an amendment to the SMSF's 2020 return?

A No Yes

Is this the first required return for a newly registered SMSF?

B No Yes

Fund's tax file number (TFN) **6 SMSF auditor**

Auditor's name

Title:

Family name

First given name

Other given names

SMSF Auditor Number

Auditor's phone number

Postal address

Suburb/town

State/territory

Postcode

Date audit was completed

Day	Month	Year
<input type="text" value="A"/>	<input type="text"/>	<input type="text"/>

Was Part A of the audit report qualified?

B No Yes

Was Part B of the audit report qualified?

C No Yes

If Part B of the audit report was qualified, have the reported issues been rectified?

D No Yes
7 Electronic funds transfer (EFT)

We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.

A Fund's financial institution account details

This account is used for super contributions and rollovers. Do not provide a tax agent account here.

Fund BSB number Fund account number

Fund account name

I would like my tax refunds made to this account. Go to C.**B Financial institution account details for tax refunds**

This account is used for tax refunds. You can provide a tax agent account here.

BSB number Account number

Account name

C Electronic service address alias

Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

Fund's tax file number (TFN)

8 Status of SMSF Australian superannuation fund **A** No Yes Fund benefit structure **B** Code
 Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? **C** No Yes

9 Was the fund wound up during the income year?
 No Yes If yes, provide the date on which the fund was wound up Day Month Year Have all tax lodgment and payment obligations been met? No Yes

10 Exempt current pension income
 Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?

To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label **A**.

No Go to Section B: Income.

Yes Exempt current pension income amount **A** \$.00

Which method did you use to calculate your exempt current pension income?

Segregated assets method **B**

Unsegregated assets method **C** Was an actuarial certificate obtained? **D** Yes

Did the fund have any other income that was assessable?

E Yes Go to Section B: Income.

No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do **not** complete Section B: Income.)

If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.

Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the **entire year**, there was **no** other income that was assessable, and you **have not** realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

11 Income

Did you have a capital gains tax (CGT) event during the year? **G** No Yes

If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a *Capital gains tax (CGT) schedule 2020*.

Have you applied an exemption or rollover? **M** No Yes Code

Net capital gain **A** \$ 0 **00**

Gross rent and other leasing and hiring income **B** \$ 16216 **00**

Gross interest **C** \$ 40 **00**

Forestry managed investment scheme income **X** \$ 0 **00**

Gross foreign income	D1 \$ 0 00	Net foreign income	D \$ 0 00	Loss <input type="checkbox"/>
----------------------	--	--------------------	---	----------------------------------

Australian franking credits from a New Zealand company **E** \$ 0 **00**

Transfers from foreign funds **F** \$ 0 **00** Number

Gross payments where ABN not quoted **H** \$ **00**

Calculation of assessable contributions

Assessable employer contributions

R1 \$ 2972 **00**

plus Assessable personal contributions

R2 \$ 0 **00**

plus ****No-TFN-quoted contributions**

R3 \$ 0 **00**
(an amount must be included even if it is zero)

less Transfer of liability to life insurance company or PST

R6 \$ **00**

Gross distribution from partnerships	I \$ 00	Loss <input type="checkbox"/>
*Unfranked dividend amount	J \$ 00	
*Franked dividend amount	K \$ 00	
*Dividend franking credit	L \$ 00	
*Gross trust distributions	M \$ 00	Code <input type="text"/>

Assessable contributions (R1 plus R2 plus R3 less R6)

R \$ 2972 **00**

Calculation of non-arm's length income

*Net non-arm's length private company dividends

U1 \$ 0 **00**

plus *Net non-arm's length trust distributions

U2 \$ 0 **00**

plus *Net other non-arm's length income

U3 \$ 0 **00**

*Other income	S \$ 00	Code <input type="text"/>
*Assessable income due to changed tax status of fund	T \$ 00	
Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$ 00	

#This is a mandatory label.

*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.

GROSS INCOME (Sum of labels A to U)	W \$ 19228 00	Loss <input type="checkbox"/>
Exempt current pension income	Y \$ 00	
TOTAL ASSESSABLE INCOME (W less Y)	V \$ 19228 00	Loss <input type="checkbox"/>

Fund's tax file number (TFN)

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS		NON-DEDUCTIBLE EXPENSES	
Interest expenses within Australia	A1	\$ <input type="text" value="13114"/> -00	A2	\$ <input type="text" value="0"/> -00
Interest expenses overseas	B1	\$ <input type="text" value="0"/> -00	B2	\$ <input type="text" value="0"/> -00
Capital works expenditure	D1	\$ <input type="text" value="0"/> -00	D2	\$ <input type="text" value="0"/> -00
Decline in value of depreciating assets	E1	\$ <input type="text" value="386"/> -00	E2	\$ <input type="text" value="0"/> -00
Insurance premiums – members	F1	\$ <input type="text" value="0"/> -00	F2	\$ <input type="text" value="0"/> -00
SMSF auditor fee	H1	\$ <input type="text" value="0"/> -00	H2	\$ <input type="text" value="0"/> -00
Investment expenses	I1	\$ <input type="text" value="5359"/> -00	I2	\$ <input type="text" value="0"/> -00
Management and administration expenses	J1	\$ <input type="text" value="8959"/> -00	J2	\$ <input type="text" value="0"/> -00
Forestry managed investment scheme expense	U1	\$ <input type="text" value="0"/> -00	U2	\$ <input type="text" value="0"/> -00
Other amounts	L1	\$ <input type="text" value="518"/> -00	L2	\$ <input type="text" value="0"/> -00
			Code <input type="text" value="0"/>	Code <input type="text" value=""/>
Tax losses deducted	M1	\$ <input type="text" value="0"/> -00		

TOTAL DEDUCTIONS
N \$ -00
 (Total **A1** to **M1**)

TOTAL NON-DEDUCTIBLE EXPENSES
Y \$ -00
 (Total **A2** to **L2**)

#TAXABLE INCOME OR LOSS
O \$ -00 Loss
 (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)

TOTAL SMSF EXPENSES
Z \$ -00
 (N plus Y)

#This is a mandatory label.

Fund's tax file number (TFN)

Section D: Income tax calculation statement

#Important:

Section B label **R3**, Section C label **O** and Section D labels **A, T1, J, T5** and **I** are mandatory. If you leave these labels blank, you will have specified a zero amount.

13 Calculation statement

Please refer to the *Self-managed superannuation fund annual return instructions 2020* on how to complete the calculation statement.

#Taxable income **A** \$ -00
(an amount must be included even if it is zero)

#Tax on taxable income **T1** \$
(an amount must be included even if it is zero)

#Tax on no-TFN-quoted contributions **J** \$
(an amount must be included even if it is zero)

Gross tax **B** \$
(T1 plus J)

Foreign income tax offset
C1 \$

Rebates and tax offsets
C2 \$

Non-refundable non-carry forward tax offsets
C \$
(C1 plus C2)

SUBTOTAL 1
T2 \$
(B less C – cannot be less than zero)

Early stage venture capital limited partnership tax offset
D1 \$

Early stage venture capital limited partnership tax offset carried forward from previous year
D2 \$

Early stage investor tax offset
D3 \$

Early stage investor tax offset carried forward from previous year
D4 \$

Non-refundable carry forward tax offsets
D \$
(D1 plus D2 plus D3 plus D4)

SUBTOTAL 2
T3 \$
(T2 less D – cannot be less than zero)

Complying fund's franking credits tax offset
E1 \$

No-TFN tax offset
E2 \$

National rental affordability scheme tax offset
E3 \$

Exploration credit tax offset
E4 \$

Refundable tax offsets
E \$
(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE **T5** \$
(T3 less E – cannot be less than zero)

Section 102AAM interest charge
G \$

Fund's tax file number (TFN)

Credit for interest on early payments – amount of interest	H1 \$ <input type="text"/>
Credit for tax withheld – foreign resident withholding (excluding capital gains)	H2 \$ <input type="text"/>
Credit for tax withheld – where ABN or TFN not quoted (non-individual)	H3 \$ <input type="text" value="0"/>
Credit for TFN amounts withheld from payments from closely held trusts	H5 \$ <input type="text"/>
Credit for interest on no-TFN tax offset	H6 \$ <input type="text"/>
Credit for foreign resident capital gains withholding amounts	H8 \$ <input type="text"/>
Eligible credits	H \$ <input type="text" value="0"/> <i>(H1 plus H2 plus H3 plus H5 plus H6 plus H8)</i>

#Tax offset refunds (Remainder of refundable tax offsets)	I \$ <input type="text" value="0"/> <i>(unused amount from label E – an amount must be included even if it is zero)</i>
---	---

PAYG instalments raised

K \$

Supervisory levy

L \$

Supervisory levy adjustment for wound up funds

M \$

Supervisory levy adjustment for new funds

N \$

AMOUNT DUE OR REFUNDABLE A positive amount at S is what you owe, while a negative amount is refundable to you.	S \$ <input type="text" value="259"/> <i>(T5 plus G less H less I less K plus L less M plus N)</i>
---	--

#This is a mandatory label.

Section E: Losses

14 Losses

! If total loss is greater than \$100,000, complete and attach a *Losses schedule 2020*.

Tax losses carried forward to later income years	U \$ <input type="text" value="58250"/> -00
Net capital losses carried forward to later income years	V \$ <input type="text" value="0"/> -00

Fund's tax file number (TFN)

Section F: Member information

MEMBER 1

Title:

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Day Month Year

Date of birth

Contributions

OPENING ACCOUNT BALANCE \$

! Refer to instructions for completing these labels.

Employer contributions

A \$

ABN of principal employer

A1

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels **A** to **M**)

Other transactions

Allocated earnings or losses

O \$

Loss

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payments

R1 \$

Code

Income stream payments

R2 \$

Code

Accumulation phase account balance
S1 \$

Retirement phase account balance – Non CDBIS
S2 \$

Retirement phase account balance – CDBIS
S3 \$

TRIS Count

CLOSING ACCOUNT BALANCE S \$

(**S1** plus **S2** plus **S3**)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Fund's tax file number (TFN)

MEMBER 2

Title:

Family name

First given name

Other given names

Member's TFN
See the Privacy note in the Declaration.

Date of birth (Day Month Year)

Contributions

OPENING ACCOUNT BALANCE \$

! Refer to instructions for completing these labels.

Proceeds from primary residence disposal
H \$

Receipt date (Day Month Year)
H1

Assessable foreign superannuation fund amount
I \$

Non-assessable foreign superannuation fund amount
J \$

Transfer from reserve: assessable amount
K \$

Transfer from reserve: non-assessable amount
L \$

Contributions from non-complying funds and previously non-complying funds
T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)
M \$

Employer contributions
A \$

ABN of principal employer
A1

Personal contributions
B \$

CGT small business retirement exemption
C \$

CGT small business 15-year exemption amount
D \$

Personal injury election
E \$

Spouse and child contributions
F \$

Other third party contributions
G \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels **A** to **M**)

Other transactions

Allocated earnings or losses **O** \$ Loss

Accumulation phase account balance
S1 \$

Retirement phase account balance - Non CDBIS
S2 \$

Retirement phase account balance - CDBIS
S3 \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payments **R1** \$

Income stream payments **R2** \$

Code

Code

TRIS Count

CLOSING ACCOUNT BALANCE S \$
(**S1** plus **S2** plus **S3**)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Sensitive (when completed)

Section H: **Assets and liabilities**

15 ASSETS

15a Australian managed investments

Listed trusts **A** \$ -00

Unlisted trusts **B** \$ -00

Insurance policy **C** \$ -00

Other managed investments **D** \$ -00

15b Australian direct investments

<p>Limited recourse borrowing arrangements</p> <p>Australian residential real property J1 \$ <input type="text" value="280000"/>-00</p> <p>Australian non-residential real property J2 \$ <input type="text" value="0"/>-00</p> <p>Overseas real property J3 \$ <input type="text" value="0"/>-00</p> <p>Australian shares J4 \$ <input type="text" value="0"/>-00</p> <p>Overseas shares J5 \$ <input type="text" value="0"/>-00</p> <p>Other J6 \$ <input type="text" value="0"/>-00</p> <p>Property count J7 <input type="text" value="1"/></p>	<p>Cash and term deposits E \$ <input type="text" value="504"/>-00</p> <p>Debt securities F \$ <input type="text" value="0"/>-00</p> <p>Loans G \$ <input type="text" value="100000"/>-00</p> <p>Listed shares H \$ <input type="text" value="0"/>-00</p> <p>Unlisted shares I \$ <input type="text" value="0"/>-00</p> <p>Limited recourse borrowing arrangements J \$ <input type="text" value="280000"/>-00</p> <p>Non-residential real property K \$ <input type="text" value="0"/>-00</p> <p>Residential real property L \$ <input type="text" value="0"/>-00</p> <p>Collectables and personal use assets M \$ <input type="text" value="0"/>-00</p> <p>Other assets O \$ <input type="text" value="730"/>-00</p>
--	--

15c Other investments

Crypto-Currency **N** \$ -00

15d Overseas direct investments

Overseas shares **P** \$ -00

Overseas non-residential real property **Q** \$ -00

Overseas residential real property **R** \$ -00

Overseas managed investments **S** \$ -00

Other overseas assets **T** \$ -00

TOTAL AUSTRALIAN AND OVERSEAS ASSETS **U** \$ -00
(Sum of labels **A** to **T**)

15e In-house assets

Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year? **A** No Yes \$ -00

Fund's tax file number (TFN)

15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? **A** No Yes

Did the members or related parties of the fund use personal guarantees or other security for the LRBA? **B** No Yes

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements	V1 \$	<input type="text" value="174714"/>	-00		
Permissible temporary borrowings	V2 \$	<input type="text"/>	-00		
Other borrowings	V3 \$	<input type="text"/>	-00	Borrowings	V \$ <input type="text" value="174714"/> -00
Total member closing account balances (total of all CLOSING ACCOUNT BALANCES from Sections F and G)				W \$	<input type="text" value="206520"/> -00
Reserve accounts				X \$	<input type="text" value="0"/> -00
Other liabilities				Y \$	<input type="text" value="0"/> -00
TOTAL LIABILITIES				Z \$	<input type="text" value="381234"/> -00

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$ **-00**

Total TOFA losses **I** \$ **-00**

Section J: Other information

Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2019–20 income year, write **2020**). **A**

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election, revocation or variation 2020*. **B**

Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2020* for each election. **C**

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2020*. **D**

Section K: **Declarations**

 Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, director's or public officer's signature

Date Day / Month / Year

Preferred trustee or director contact details:

Title:

Family name

First given name

Other given names

Phone number

Email address

Non-individual trustee name (if applicable)

ABN of non-individual trustee

Time taken to prepare and complete this annual return Hrs

 The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.

TAX AGENT'S DECLARATION:

I declare that the *Self-managed superannuation fund annual return 2020* has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

Tax agent's signature

Date Day / Month / Year

Tax agent's contact details

Title:

Family name

First given name

Other given names

Tax agent's practice

Tax agent's phone number

Reference number

Tax agent number

2020**Losses schedule**

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2020 tax return.

Superannuation funds should complete and attach this schedule to their 2020 tax return.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape.

Place in all applicable boxes.

Refer to *Losses schedule instructions 2020*, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

963669365

Name of entity

Haydhanley Superannuation Fund

Australian business number

74655164235

Part A – Losses carried forward to the 2020–21 income year – excludes film losses

1 Tax losses carried forward to later income years

Year of loss		
2019–20	B	9108.00
2018–19	C	.00
2017–18	D	32010.00
2016–17	E	13550.00
2015–16	F	3582.00
2014–15 and earlier income years	G	.00
Total	U	58250.00

Transfer the amount at **U** to the **Tax losses carried forward to later income years** label on your tax return.

2 Net capital losses carried forward to later income years

Year of loss		
2019–20	H	.00
2018–19	I	.00
2017–18	J	.00
2016–17	K	.00
2015–16	L	.00
2014–15 and earlier income years	M	.00
Total	V	0.00

Transfer the amount at **V** to the **Net capital losses carried forward to later income years** label on your tax return.

Sensitive (when completed)

Part B – Ownership and business continuity test – company and listed widely held trust only

Complete item **3** of **Part B** if a loss is being carried forward to later income years and the business continuity test has to be satisfied in relation to that loss.

Do not complete items **1** or **2** of **Part B** if, in the 2019–20 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2019–20 income year loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

Year of loss		Yes	No
2019–20	A	<input type="checkbox"/>	<input type="checkbox"/>
2018–19	B	<input type="checkbox"/>	<input type="checkbox"/>
2017–18	C	<input type="checkbox"/>	<input type="checkbox"/>
2016–17	D	<input type="checkbox"/>	<input type="checkbox"/>
2015–16	E	<input type="checkbox"/>	<input type="checkbox"/>
2014–15 and earlier income years	F	<input type="checkbox"/>	<input type="checkbox"/>

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied – excludes film losses

Tax losses	G	<input type="text"/>	-00
Net capital losses	H	<input type="text"/>	-00

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/applied in later years – excludes film losses

Tax losses	I	<input type="text"/>	-00
Net capital losses	J	<input type="text"/>	-00

4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the *Income Tax Assessment Act 1997* (ITAA 1997)?

K Yes No

Part C – Unrealised losses – company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

L Yes No

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes No

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time?

N Yes No

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

O -00

Part D – Life insurance companiesComplying superannuation class tax losses carried forward to later income years **P** -00Complying superannuation net capital losses carried forward to later income years **Q** -00**Part E – Controlled foreign company losses**Current year CFC losses **M** -00CFC losses deducted **N** -00CFC losses carried forward **O** -00**Part F – Tax losses reconciliation statement**Balance of tax losses brought forward from the prior income year **A** -00**ADD** Uplift of tax losses of designated infrastructure project entities **B** -00**SUBTRACT** Net forgiven amount of debt **C** -00**ADD** Tax loss incurred (if any) during current year **D** -00**ADD** Tax loss amount from conversion of excess franking offsets **E** -00**SUBTRACT** Net exempt income **F** -00**SUBTRACT** Tax losses forgone **G** -00**SUBTRACT** Tax losses deducted **H** -00**SUBTRACT** Tax losses transferred out under Subdivision 170-A
(only for transfers involving a foreign bank branch or a PE of a foreign financial entity) **I** -00Total tax losses carried forward to later income years **J** -00Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

**MINUTES OF THE MEETING OF THE DIRECTOR(S) OF THE CORPORATE TRUSTEE KING
SOUND PARTNERS PTY LTD ATF
HAYDHANLEY SUPERANNUATION FUND
HELD ON/...../..... AT
3 BREIMBER ST, GRAFTON NSW**

PRESENT

Adrian LeGassick
Hayley LeGassick

**ALLOCATION OF NET
INCOME:**

It was resolved that the income of the fund be proportionally allocated to members based on the members' daily weighted average balances. The following amounts of income, and related amounts of tax, are to be credited to / debited from member accounts:

	Income	Fund Tax	Conts Tax	Direct Tax
<i>Mrs Hayley LeGassick</i>				
Accumulation	3,482	(446)	446	0

**REPORTING ENTITY
CONCEPT:**

It was resolved that, in the opinion of the trustee, the fund is not a reporting entity because it is unlikely that users exist who are unable to command the preparation of reports tailored so as to satisfy specifically all their information needs.

Therefore, the financial statements for the fund are to be prepared on the basis of the fund being a "non-reporting entity", and will therefore take the form of Special Purpose Financial Reports.

**REPORTS AND
STATEMENTS:**

The Financial Reports consisting of Statement of Financial Position, Operating Statement and Notes to the Financial Statements, Trustee's Declaration, Compilation Report, Auditor's Report and Member Statement for the period ended 30 June 2020 were tabled for consideration at the meeting.

It was resolved that the financial statements be adopted in their present format and that the statement by the trustees attached to the financial reports be signed by the Trustees, stating that:

1. the financial statements are drawn up so as to present fairly the financial position of the fund as at 30 June 2020, the benefits accrued as a result of operations and its cash flow for the year then ended;
2. the financial statements have been prepared in accordance with the requirements of the trust deed and Australian Accounting Standards as noted in Note 1 to the Financial Statements and
3. the fund has operated substantially in accordance with the trust deed and the requirements of the *Superannuation Industry (Supervision) Act 1993 (SISA)*, during the year ended 30 June 2020.

INCOME TAX RETURN:

The completed Self-Managed Superannuation Fund Annual Return for the financial year ended 30 June 2020 was tabled for consideration at the meeting.

It was resolved that:

1. the particulars contained in the 2020 income tax return and the relevant records used to ascertain the taxable income, as shown, derived by the fund from all sources in and out of Australia during the year of income are true and correct and;
2. the fund satisfies the statutory requirements and conditions applicable to be classified as a 'Regulated Superannuation Fund/Complying Superannuation Fund' for the year of income and;
3. the income tax return be adopted in its present format and that the Return be signed by the Trustees.

REVIEW OF INVESTMENT STRATEGY:

The fund's investment performance for the year ended 30 June 2020 and existing investment strategy have been reviewed by the Trustees, after considering:

1. the risk involved in making, holding and realising, and the likely return from, the fund's investments having regard to its objectives and its expressed cash flow requirements;
2. the composition of the fund's investments as a whole including the extent to which the investments are diverse or involve the funds being exposed to risks from inadequate diversification;
3. the liquidity of the fund's investments having regard to its expected cash flow requirements;
4. the ability of the fund to discharge its existing and prospective liabilities;
5. whether the fund should hold a contract of insurance that provides insurance cover for members of the fund; and
6. the effect of the fund's investments on the above requirements and all matters relating to the prudential nature of the investment being continuously monitored, regularly reviewed and to make sure they adhere to fund's investment objectives and relevant legislation.

It was resolved that the aims and objectives of the investment strategy were being achieved and that the said investment strategy requires no further modification or adoption at this time.

TRUSTEE AND MEMBER STATUS:

Each of the trustee(s) confirmed that they are qualified to act as trustee(s) of the fund and that they are not disqualified persons as defined by Section 120 of the SISA.

Each of the member(s) confirmed that they are a member of the fund and agreed to be bound by the provisions contained within the Trust Deed of the fund (and any subsequent amendments).

AUDITOR:

It was resolved that

Umesh Manek
of
Australian Super Audits Pty Ltd

act as the auditor of the fund for the next financial year.

TAX AGENT:

It was resolved that

Mrs Kim Jay
of
Initiative Group
Suite 2 The Edge East
10 Lake Kawana Blvd
BIRTINYA, QLD 4575

act as the tax agent of the fund for the next financial year.

CLOSURE:

There being no further business the meeting was closed.

.....
Adrian LeGassick
Director

.....
Hayley LeGassick
Director

Dated/...../.....

Dated/...../.....

Haydhanley Superannuation Fund
(ABN: 74 655 164 235)

Consolidated Member Benefit Totals

Period	Member Account Details
1 July 2019 - 30 June 2020	Residential Address: 3 Breimber St GRAFTON, NSW 2460
Member	Number: 2
Mrs Hayley LeGassick	Date of Birth: 2 November 1964 Date Joined Fund: 19 June 2015 Eligible Service Date: 14 March 1991 Tax File Number Held: Yes

*Note: this report provides a consolidated view of the Member's interests in the SMSF
Refer to the Member Benefit Statements produced for each member account for further details*

Your Accounts

Withdrawal Benefit as at 1 Jul 2019	
Accumulation	202,067
Total as at 1 Jul 2019	202,067
 Withdrawal Benefit as at 30 Jun 2020	
Accumulation	206,520
Total as at 30 Jun 2020	206,520

Your Tax Components

Tax Free	28,456
Taxable - Taxed	178,065
Taxable - Untaxed	-

Your Preservation Components

Preserved	206,372
Restricted Non Preserved	-
Unrestricted Non Preserved	149

Your Insurance Benefits

No insurance details have been recorded

Your Beneficiaries

Binding Beneficiary Nomination*

Spouse - beneficiary choice (1)
Non-dependant children - lump sum (2) 50% - Hannah LeGassick & 50% to Hayden LeGassick

* Nomination in effect from **28 April 2017 to 28 April 2020**

For Enquiries:

phone 0448880521 | email spinqueen@gmx.com
mail Haydhanley Superannuation Fund, 3 Breimber St, GRAFTON NSW 2460

Haydhanley Superannuation Fund
(ABN: 74 655 164 235)

Member Benefit Statement

Period	Member Account Details
1 July 2019 - 30 June 2020	Residential Address: 3 Breimber St GRAFTON, NSW 2460
Member	Date of Birth: 2 November 1964
Number: 2	Date Joined Fund: 19 June 2015
Mrs Hayley LeGassick	Eligible Service Date: 14 March 1991
Accumulation Account	Tax File Number Held: Yes
Accumulation	Account Start Date: 19 June 2015

Your Account Summary	
Withdrawal Benefit as at 1 Jul 2019	202,067
<i><u>Increases to your account:</u></i>	
Employer Contributions	2,972
Share Of Net Fund Income	3,482
Tax on Net Fund Income	446
<u>Total Increases</u>	6,900
<i><u>Decreases to your account:</u></i>	
Contributions Tax	446
Rollovers Out	2,000
<u>Total Decreases</u>	2,446
Withdrawal Benefit as at 30 Jun 2020	206,520

Your Tax Components		
Tax Free	13.7787 %	28,456
Taxable - Taxed		178,065
Taxable - Untaxed		-

Your Preservation Components	
Preserved	206,372
Restricted Non Preserved	-
Unrestricted Non Preserved	149

Your Insurance Benefits	
No insurance details have been recorded	

Your Beneficiaries	
Binding Beneficiary Nomination*	
Spouse - beneficiary choice (1)	
Non-dependant children - lump sum (2) 50% - Hannah LeGassick & 50% to Hayden LeGassick	
* Nomination in effect from 28 April 2017 to 28 April 2020	

For Enquiries:
phone 0448880521 | email spinqueen@gmx.com
mail Haydhanley Superannuation Fund, 3 Breimber St, GRAFTON NSW 2460

Trustee

The Trustee of the Fund is as follows:

King Sound Partners Pty Ltd

The directors of the Trustee company are:

Adrian LeGassick and
Hayley LeGassick

Availability of Other Fund Information

Additional information regarding your membership is available on request. What your Fund can do is governed by the provisions of its Trust Deed, which is available for inspection. If you require further information or clarification of any aspect of your membership of the Fund, please contact your Fund's Administrator or Trustee.

Trustee Disclaimer

This statement has been prepared by the Trustee for the member whose name appears at the top of this statement. While every effort has been made by the Trustee to ensure the accuracy and completeness of this statement, the Trustee does not accept any liability for any errors, omissions or misprints.

Signed on behalf of the Trustee of the Fund

.....
Adrian LeGassick
Director - King Sound Partners Pty Ltd

.....
Hayley LeGassick
Director - King Sound Partners Pty Ltd

Statement Date: 30 June 2020

For Enquiries:
phone 0448880521 | email spinqueen@gmx.com
mail Haydhanley Superannuation Fund, 3 Breimber St, GRAFTON NSW 2460

Haydhanley Superannuation Fund

Members Summary Report - For the period 1/07/2019 to 30/06/2020

Member's Detail	Opening Balance	Increases				Decreases				Closing Balance	
		Contrib	Tran In	Profit	Ins Proc	Tax	Exp	Ins Prem	Tran Out	Ben Paid	
Mrs Hayley LeGassick											
3 Breimber St GRAFTON NSW 2460											
Accumulation Accumulation	202,067	2,972	0	3,482	0	0	0	0	(2,000)	0	206,520
	202,067	2,972	0	3,482	0	0	0	0	(2,000)	0	206,520
	202,067	2,972	0	3,482	0	0	0	0	(2,000)	0	206,520

Haydhanley Superannuation Fund
Contribution Caps
For the Period From 1 July 2019 to 30 June 2020

Mr Adrian LeGassick

Date of Birth: 6 Mar 1951
Age: 69 (at 30/06/2020)
Status: Member must meet work test criteria, other conditions apply

Contributions Summary

Non-Concessional

Prior Year Contributions

The 'Bring Forward Rule' was unavailable in previous 2 years; member was 65 or older
 3-year cap in effect from previous years N/A
 Total non-concessional contributions in previous 2 years N/A

Current Year Contributions	Note	Concessional	Non-Concessional
Caps	1,2	25,000	100,000
Cumulative Available Unused Cap	3	25,000	0
Contributions made (to this fund)	4	0	0
Contributions made (to other funds)		0	0
Contributions as allocated		0	0
Amount above caps	5	0	0
Available		50,000	100,000

Notes

- 1 . 'Bring Forward Rule' can NOT be triggered this year; member was 65 or older
- 2 . Non-concessional cap shown applies to current year only
- 3 . Member may be eligible to make catch-up concessional contributions
- 4 . Excludes any unmatched deposits
- 5 . Any excess concessional contributions are treated as non-concessional

Haydhanley Superannuation Fund
Contribution Caps
For the Period From 1 July 2019 to 30 June 2020

Mrs Hayley LeGassick

Date of Birth: 2 Nov 1964
Age: 55 (at 30/06/2020)
Status: Member may be eligible for the bring forward rule, certain conditions apply

Contributions Summary

Prior Year Contributions
Contributions for the previous 2 years are not confirmed
3-year cap in effect from previous years Unknown
Total non-concessional contributions in previous 2 years Unknown

Current Year Contributions	Note	Concessional	Non-Concessional
Caps	1	25,000	100,000
Cumulative Available Unused Cap	2	8,610	0
Contributions made (to this fund)	3	2,972	0
Contributions made (to other funds)		0	0
Contributions as allocated		2,972	0
Amount above caps	4	0	0
Available		30,638	100,000

Notes

- 1 . Non-concessional cap shown does NOT take prior year 'Bring Forward Rule' usage into account
- 2 . Member may be eligible to make catch-up concessional contributions
- 3 . Excludes any unmatched deposits
- 4 . Any excess concessional contributions are treated as non-concessional

Contributions Breakdown

<u>Income Type</u>	<u>Contribution Type</u>	<u>Amount</u>
Concessional	Employer	2,972
	Personal	0
	Family and friends	0
	Foreign superannuation fund	0
	Transfers from reserve	0
	Contributions as allocated	2,972
NonConcessional	Personal	0
	Spouse	0
	Child	0
	Transfers from reserve	0
	Foreign superannuation fund	0
	Contributions as allocated	0
Other	CGT small business 15-year exemption	0
	CGT small business retirement exemption	0
	Government Co-Contributions	0
	Directed termination payment (taxed)	0
	Directed termination payment (untaxed)	0
	Personal injury election	0
	Downsizer Contribution	0
	Total Other contributions	0

Transactions

Date	Contribution Type	Concessional	Non-Concessional	Other	Source
05/07/2019	Employer Mandated	234			smsfdataflow
22/07/2019	Employer Mandated	234			smsfdataflow
02/08/2019	Employer Mandated	234			smsfdataflow
15/08/2019	Employer Mandated	176			smsfdataflow
12/09/2019	Employer Mandated	234			smsfdataflow
26/09/2019	Employer Mandated	683			smsfdataflow
10/10/2019	Employer Mandated	235			smsfdataflow
24/10/2019	Employer Mandated	236			smsfdataflow

Haydhanley Superannuation Fund
Contribution Caps
For the Period From 1 July 2019 to 30 June 2020

Mrs Hayley LeGassick

Date	Contribution Type	Concessional	Non-Concessional	Other	Source
08/11/2019	Employer Mandated	236			smsfdataflow
22/11/2019	Employer Mandated	236			smsfdataflow
06/12/2019	Employer Mandated	236			smsfdataflow
Totals:		2,972			

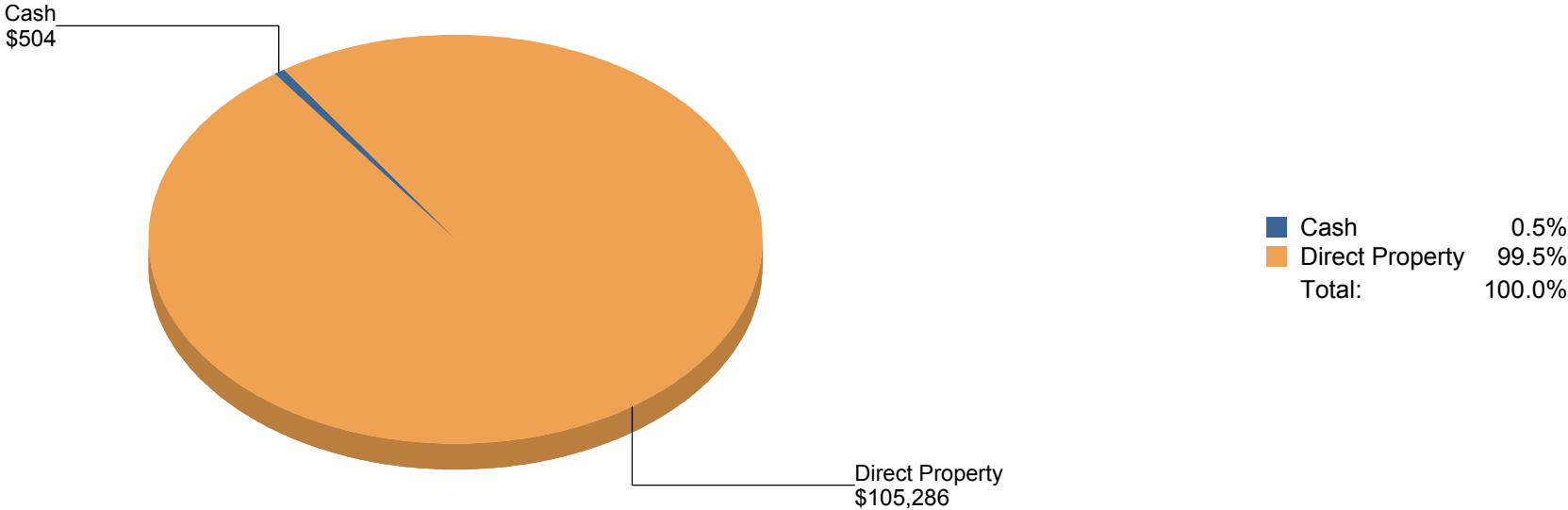
Haydhanley Superannuation Fund
Investment Summary as at 30 June 2020

Investment	Units	Average Cost Price	Market Price	Accounting Cost	Market Value	Unrealised Accounting Gain/(Loss)	Accounting Gain/(Loss) (%)	Portfolio Weight (%)
<u>Bank</u>								
ANZ Operating Account 2200-16776				504	504			-%
LaTrobe Financial Loan a/c 40 328 510 3				(174,714)	(174,714)			(165)%
				(174,210)	(174,210)			(165)%
<u>Property Direct Market</u>								
3/103 Victoria St, Grafton	1	259,141.2000	280,000.0000	259,141	280,000	20,859	8%	265%
				259,141	280,000	20,859	8%	265%
				84,931	105,790	20,859	25%	100%

The accounting cost is the original cost base adjusted by any subsequent capital call/improvement or capital return transactions. In many cases, it is not the same as the adjusted or reduced cost base, or the reset cost base resulting from the CGT relief. To view the tax cost base and unrealised gain/(loss) for tax purposes refer to the Unrealised Capital Gains Report or change the report parameter to tax cost base.

Haydhanley Superannuation Fund
Investment Allocation as at 30 June 2020

Current Asset Allocation



Haydhanley Superannuation Fund
Investment Allocation as at 30 June 2020

	Cash	Direct Property	Total (\$)
3/103 Victoria St, Grafton	0.00 0.00%	280,000.00 100.00%	280,000.00 100.00%
ANZ Operating Account 2200-16776	504.05 100.00%	0.00 0.00%	504.05 100.00%
LaTrobe Financial Loan a/c 40 328 510 3	0.00 0.00%	-174,714.29 100.00%	-174,714.29 100.00%
Total	504 0%	105,286 100%	105,790 100%

NOTE: Investment Totals include Unsettled Amounts.

Haydhanley Superannuation Fund
Investment Performance
For the period from 1 July 2019 to 30 June 2020

Investment	Opening Value	Acquisitions	Disposals	Closing Value	Change in Value	Income	Total Return Value	Total Return
<i><u>Bank</u></i>								
ANZ Operating Account 2200-16776	114,733	23,946	138,175	504	0	41	41	0%
LaTrobe Financial Loan a/c 40 328 510 3	(173,855)	15,460	16,320	(174,714)	0	0	0	0%**
	(59,121)	39,406	154,495	(174,210)	0	41	41	0%**
<i><u>Property Direct Market</u></i>								
3/103 Victoria St, Grafton	259,000	5,825	0	280,000	15,175	16,217	31,392	12%
	259,000	5,825	0	280,000	15,175	16,217	31,392	12%
Fund Total	199,879	45,231	154,495	105,790	15,175	16,258	31,433	23%

** Due to issues inherent in the Dietz calculation methodology, which can produce an invalid return in circumstances of extreme intra-period asset appreciation (and realisation of these gains), a Simple Rate of Return has been substituted for the purposes of this return.

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOOLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components

Tax-free component

KiwiSaver tax-free component

Taxable component:

Element taxed in the fund

Element untaxed in the fund

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount

KiwiSaver preserved amount

Restricted non-preserved amount

Unrestricted non-preserved amount

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature

Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

! Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature

Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOOLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.21"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.79"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature

Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

! Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature

Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

! Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.05"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.95"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature

Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

! Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.08"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.92"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.14"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.86"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOOLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.16"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.84"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOOLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.21"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.79"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.03"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.97"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013.
If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature

Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

! Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components

Tax-free component	<input type="text" value="\$14.10"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.90"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

PO Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

ⓘ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.16"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.84"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

ⓘ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

ⓘ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

ⓘ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature

Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

! Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years

Rollover benefits statement

WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013. If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details

1 Australian business number (ABN)

53 226 460 365

2 Fund name

First State Superannuation Scheme

3 Postal address

Street address

Po Box 1229

Suburb/town/locality

WOLLONGONG

State/territory

NSW

Postcode

2500

Country if outside Australia

4

(a) Member client identifier

3567359

(b) Unique superannuation identifier (USI)

Section B: Member's details

5 Tax file number (TFN)

186553527

6 Full name

Title

Mrs

Family name

LeGassick

First given name

Hayley

Other given names

7 Residential address

Street address

3 Breimber St

Suburb/town/locality

GRAFTON

State/territory

NSW

Postcode

2460

Country if outside Australia

8 Date of birth

2/11/1964

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components	
Tax-free component	<input type="text" value="\$14.01"/>
KiwiSaver tax-free component	<input type="text" value="\$0.00"/>
Taxable component:	
Element taxed in the fund	<input type="text" value="\$85.99"/>
Element untaxed in the fund	<input type="text" value="\$0.00"/>

Tax components TOTAL

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts	
Preserved amount	<input type="text" value="\$99.93"/>
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="\$0.07"/>

Preservation components TOTAL

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact name
Title

Family name

First given name Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date
Day Month Year
 / /

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)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

Where to send this form

 Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years.

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years