

(Rollover No)



14 October 2020



974290BPOVRNT
Ms Marguerite G Langford
PO Box 320
MORNINGSIDE QLD 4170

U04

Dear Ms Langford

**Portability Benefit Payment
Member Number: 13913223**

We are pleased to advise your Portability benefit payment has been finalised. We have paid the benefit as follows:

Rollover to Obsidian Superannuation Fund	\$300,000.00
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Please find enclosed:

- Rollover Benefits Statement

The above amount has been credited to your chosen bank account. The *Rollover Benefit Statement* has been forwarded to your nominated rollover fund.

You should receive confirmation of receipt of the rollover from the fund.

If you have any further questions please call our Member Services Consultants on 1800 331 685. Thank you for being a member of UniSuper.

Yours sincerely

Lee Scales

Lee Scales
Chief Customer Officer

Fund: UniSuper
ABN 91 385 943 850

Trustee: UniSuper Limited
ABN 54 006 027 121
AFSL 492806

Administrator: UniSuper
Management Pty Ltd
ABN 91 006 961 799
AFSL 235907

Helpline
1800 331 685

Head Office
Level 1, 385 Bourke Street
Melbourne VIC 3000

unisuper.com.au

Rollover Benefits Statement

Complete this form 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.

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

- send the form to the receiving fund within seven days of paying them the rollover
- provide a copy to the member 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 (i.e. do not send this form to the receiving fund)
- use this form only to provide a statement to the member within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

SECTION A: RECEIVING FUND

1	Australian business number (ABN)	:	59 923-287-711
2	Fund name	:	Obsidian Superannuation Fund
3	Postal address	:	PO BOX 354
	Suburb/Town	:	ASPLEY
	State	:	QLD
	Postcode	:	4034
	Country (if other than Australia)	:	
4	(a) Unique Superannuation Identifier (USI)	:	
	(b) Member Client Identifier	:	

SECTION B: MEMBER'S DETAILS

5	Tax File Number(TFN)	:	158 602 193
6	Full Name	:	
	Title	:	Ms
	Family Name	:	LANGFORD
	First Given Name	:	Marguerite
	Other Given Name(s)	:	Gaye
7	Residential Address	:	36 BURCHELL STREET
	Suburb/Town	:	CARINA
	State	:	QLD
	Postcode	:	4152
	Country	:	
8	Date of Birth	:	04 / 01 / 1970
9	Sex	:	Female
10	Daytime phone number	:	0733951542
11	Email address (if applicable)	:	marguerite.langford@qut.edu.au

SECTION C: ROLLOVER TRANSACTION DETAILS

12	Service period start date	:	02 / 12 / 1996
13	Tax components	:	
	Tax-free component	\$	431.72
	KiwiSaver Tax-free component	\$	0.00
	Taxable component	:	
	Element taxed in the fund, and	\$	299,568.28
	Element untaxed in the fund	\$	0.00
	Tax components TOTAL	\$	300,000.00

14 Preservation amounts

Preserved amount	\$	300,000.00
KiwiSaver Preserved amount	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00
Preservation amounts TOTAL	\$	300,000.00

SECTION D: NON-COMPLYING FUNDS

15 Contributions made to a non-complying fund on or after 10 May 2006	\$	0.00
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SECTION E: TRANSFERRING FUND

16 Fund ABN	:	91 385-943-850
17 Fund name	:	UNISUPER
18 Contact name	:	COMPLIANCE
19 Daytime phone number	:	0388316100

SECTION F: DECLARATION

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name : Lee Scales

Trustee, director, or authorised officer signature : *Lee Scales*

Date : 14 October 2020