

Rollover No 2



12 October 2020

The Trustee for Obsidian Superannuation Fund
PO Box 354
ASPLEY QLD 4034

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A12345678
10/10/2020 10:10:10

Super Wrap Personal Super
Rollover Confirmation

RE: Transfer of Benefit for Marguerite Langford

We refer to the above named client's request to transfer their benefit to The Trustee for Obsidian Superannuation Fund

The details of the rollover are as follows:

Amount:	\$90,000.00
Financial Institution:	National Australia Bank Limited
Account Name:	Obsidian Superannuation Fund
BSB:	084-961
Account Number:	xxxxxx794

If you require any further information please contact our Investor Services Centre on Freecall 1800 888 223.

Client Details

Client name
Marguerite Langford

Client number
109305

Account number
0001030877

For more information

📞 1800 888 223

✉ contact@netwealth.com.au

🌐 netwealth.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, other than a death benefit rollover 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).

SECTION A: Receiving Fund

Australian business number (ABN) : 59 923-287-711
Fund Name : The Trustee for Obsidian Superannuation Fund
Postal Address : PO Box 354
Suburb/town/locality : ASPLEY
State/territory : QLD
Postcode : 4034
Country :
(a) Unique superannuation identifier :
(b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 158 602 193
Full Name :
Title : Miss
Family Name : Langford
First Given Name : Marguerite
Other Given Name(s) :
Residential Address : PO BOX 320
Suburb/town/locality : MORNINGSIDE
State/territory : QLD
Postcode : 4170
Country :
Date of Birth : 04 / 01 / 1970
Sex : Female
Daytime phone number : 0733951542
Email address (if applicable) : mgl01@bigpond.com

SECTION C: Rollover Transaction Details

Service period start date : 02 / 12 / 1996

Tax Components

Tax-free component	\$	34.85
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	89,965.15
Element untaxed in the fund	\$	0.00

Tax components TOTAL \$ 90,000.00

Preservation amounts

Preserved amount	\$	90,000.00
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

Preservation amounts TOTAL \$ 90,000.00

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 94 573 747 704
Fund name : NETWEALTH SUPERANNUATION MASTER FUND
Contact name : ALISTAIR DENSLEY
Daytime phone number : 0396551300
Email address : contact@netwealth.com.au

SECTION F: Declaration

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 : ALISTAIR DENSLEY

Authorised representative signature :

Date: 12 October 2020



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.