

# Rollover Benefits Statement

## Section A :- Receiving fund

THIS FORM DOES NOT HAVE TO BE INCLUDED  
IN A TAX RETURN

ORIGINAL

D. O. SUPER FUND  
6 Brock Pl  
WHITEBRIDGE NSW 2290

Australian business number (ABN) 54 579 828 826

Unique Superannuation Identifier  
(USI)

Member client identifier

## Section B :- Member's details

Tax File Number (TFN) Provided

Full Name

Title Mr

Family name O'Shea

First given name Damon

Other given names George

Postal Address 6 Brock Pl  
WHITEBRIDGE NSW 2290

Date of birth 13/07/1961

Sex (M/F) M

Daytime Phone No.

Email Address

## Section C :- Rollover transaction details

Service period start date 19/12/1983

Tax components:

Tax-free component \$7,212.40

KiwiSaver tax-free component \$0.00

Taxable component:

Element taxed in the fund \$614,107.23

Element untaxed in the fund \$0.00

TOTAL Tax Components \$621,319.63

Preservation amounts:

Preserved amount \$584,427.06

KiwiSaver preserved amount \$0.00

Restricted non-preserved amount \$0.00

Unrestricted non-preserved amount \$36,892.57

TOTAL Preservation Amounts \$621,319.63

Investor No: M02009965

#### 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

39 827 542 991

Your fund name

SuperWrap Personal Super Plan

Contact Name

Kathy Vincent



Date

31/10/2019

Telephone number

1300 657 010

Email Address

superwrap@investorwrap.com.au

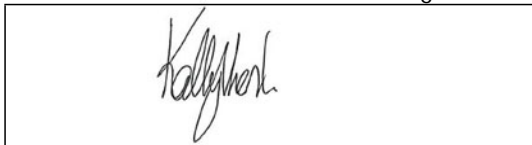
#### Section F :- Declaration

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

Name (BLOCK LETTERS)

KATHY VINCENT

Trustee, director or authorised officer signature



DATE

31/10/2019

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

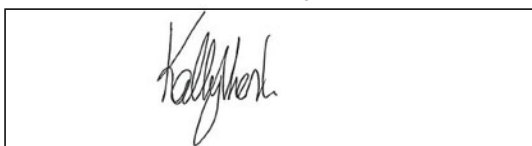
Name (BLOCK LETTERS)

KATHY VINCENT

DATE

31/10/2019

Authorised representative signature



Tax Agent number

# Rollover Benefits Statement

Section A :- Receiving fund		THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN	
D. O. SUPER FUND 6 Brock Pl WHITEBRIDGE NSW 2290		DUPLICATE	
		Australian business number (ABN)	54 579 828 826
		Unique Superannuation Identifier (USI)	
		Member client identifier	

Section B :- Member's details	
Tax File Number (TFN)	Provided
Full Name	
Title	Mr
Family name	O'Shea
First given name	Damon
Other given names	George
Postal Address	6 Brock Pl WHITEBRIDGE NSW 2290
Date of birth	13/07/1961
Sex (M/F)	M
Daytime Phone No.	
Email Address	

Section C :- Rollover transaction details			
Service period start date	19/12/1983		
Tax components:		Preservation amounts:	
Tax-free component	\$7,212.40	Preserved amount	\$584,427.06
KiwiSaver tax-free component	\$0.00	KiwiSaver preserved amount	\$0.00
Taxable component:			
Element taxed in the fund	\$614,107.23	Restricted non-preserved amount	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted non-preserved amount	\$36,892.57
TOTAL Tax Components	\$621,319.63	TOTAL Preservation Amounts	\$621,319.63

Investor No: M02009965

#### Section D :- Non-complying funds

Contributions made to a non-complying fund on or after  
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\$0.00

#### Section E :- Transferring fund

Fund ABN

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Your fund name

SuperWrap Personal Super Plan

Contact Name

Kathy Vincent



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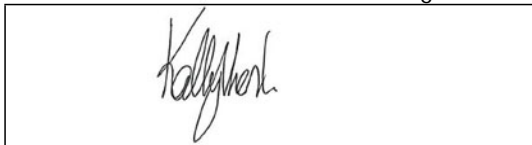
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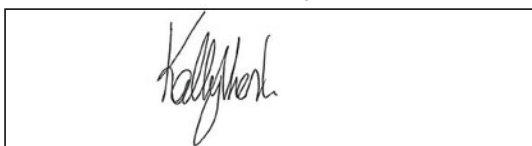
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