## Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

If a member asks you to roll over parts of their entitlement to more then one fund, you must complete separate statements for each rollover payment.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Receiving fund	
1 Australian business number (ABN)	72104458121
2 Fund name	
MICHAEL & YVONNE WOODS SUPERANNUATION	N FUND
3 Postal address	
PO BOX 1777 WOLLONGONG NSW 2500	
4 You must provide at least one of the receiving fund	's numbers below :
(a) Unique superannuation identifier (USI)	
(b) Member client identifier	
Section B: Member's details	
5 Tax File Number (TFN)	413020762
6 Full name	
Title MS	
Family Name	
WOODS	
First given name	Other given names
YVONNE	
7 Residential address	
580 HENDY MAIN ROAD MOUNT MORIAC VIC 3240	
8 Date of birth	16/09/1984
9 Sex	F
10 Daytime phone number (include area code)	
11 Email address (if applicable)	

## Section C: Rollover transaction details

12	Service period start date	08/02/2000
13	Tax components	
	Tax-free component	\$
	KiwiSaver tax-free component	\$
	Taxable component:	
	Element taxed in the fund	\$ 14,781.00
	Element untaxed in the fund	\$
	Tax components TOTAL	\$ 14,781.00
14	Preservation amounts	
	Preserved amount	\$ 14,781.00
	KiwiSaver preserved amount	\$
	Restricted non-preserved amount	\$
	Unrestricted non-preserved amount	\$
	Preservation amounts TOTAL	\$ 14,781.00

## Section D: Non-complying funds

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

\$

Section E: Tran	ısferring fu	ınd									
16 Fund ABN		86564335862									
17 Fund name											
LINDROS SUPER	RANNUATIC	N FUND									
18 Contact name											
DAVID MARK L	INDROS										
19 Daytime phone	e number	(include are	a code)								
Telephone No											
20 Email address	(if applica	able)									
Signature of autho	rised person										
							Date		/	/	
You do not need to	send a copy of	f the statement	to the ATO l	however, yo	ou must kee	p a copy for yo	our records f	or a perio	d of five y	ears.	