

# Rollover benefits statement

## Section A: Receiving fund

1 Australian business number (ABN) 18 965 485 811

2 Fund name  
The Trustee for Valmadre Family Super Fund

3 Postal address  
PO Box 831  
  
Suburb/town/locality NEWCASTLE State/territory NSW Postcode 2300  
Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)  
(b) Member Client Identifier

## Section B: Member details

5 Tax file number (TFN) 155 575 882

6 Full name  
Title Mr  
Family name Valmadre  
First given name Michael Other given names John

7 Residential address  
Street address  
346 Sheoak drive  
Suburb/town/locality YALLINGUP State/territory WA Postcode 6282  
Country if outside Australia

8 Date of birth Day/Month/Year 06/12/1969

9 Sex Male ☒ Female ☐

10 Daytime phone number (include area Code) 0427567794

11 Email address (if applicable)  
mike@valmadre.net.au

## Section C: Rollover transaction details

12	Service period start date	Day/Month/Year 29/11/1993
13	Tax components:	
	Tax-free component	\$ 26.04
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 6,671.14
	Element untaxed in the fund	\$ 0.00
	TOTAL Tax components	\$ 6,697.18
14	Preservation amounts:	
	Preserved amount	\$ 6,697.18
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 0.00
	TOTAL Preservation amounts	\$ 6,697.18

## Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006 \$ 0.00

## Section E: Transferring fund

16	Fund's ABN	68   657   495   890
17	Fund's name	HOSTPLUS SUPERANNUATION FUND
18	Contact name	
19	Daytime phone number (include area Code)	
20	Email address (if applicable)	

## 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

JOE NEKIC

Authorised representative signature

JOE NEKIC

Date Day / Month / Year  
16/09/2021

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1 Australian business number (ABN) 18 965 485 811

2 Fund name  
The Trustee for Valmadre Family Super Fund

3 Postal address  
346 SHEOAK DR

Suburb/town/locality YALLINGUP State/territory WA Postcode 6282

Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier 1

## Section B: Member details

5 Tax file number (TFN) 161 342 548

6 Full name  
Title Mrs  
Family name Valmadre  
First given name Georgina Other given names

7 Residential address  
Street address PO Box 804

Suburb/town/locality DUNSBOROUGH State/territory WA Postcode 6281

Country if outside Australia

8 Date of birth Day/Month/Year 27/10/1970

9 Sex Male ☐ Female ☒

10 Daytime phone number (include area Code) 0427667794

11 Email address (if applicable) georgie@valmadre.net.au