

# Rollover benefits statement

## Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

3 Postal address  
  
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

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

## Section B: Member details

5 Tax file number (TFN)

6 Full name  
Title   
Family name   
First given name  Other given names

7 Residential address  
Street address   
  
Suburb/town/locality  State/territory  Postcode   
Country if outside Australia

8 Date of birth  Day/Month/Year

9 Sex Male  Female

10 Daytime phone number (include area Code)

11 Email address (if applicable)

## 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
	<b>TOTAL Tax components</b>	<b>\$ 6,697.18</b>
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
	<b>TOTAL Preservation amounts</b>	<b>\$ 6,697.18</b>

## 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

Day / Month / Year

Date

16/09/2021

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