

Rollover benefits statement

Section A: Receiving fund

1	Australian business number (ABN)	<input type="text" value="58 178 660 597"/>		
2	Fund Name	<input type="text" value="Rnii Two Smsf"/>		
3	Postal address	<input type="text" value="Unit 42 18 TANUNDA DR"/>		
		<input type="text"/>		
	Suburb/town/locality	State/territory	Postcode	
	<input type="text" value="RIVERVALE"/>	<input type="text" value="WA"/>	<input type="text" value="6103"/>	
	Country if other than Australia	<input type="text"/>		
4	(a) Unique Superannuation Identifier (USI)	<input type="text"/>		
	(b) Member Client Identifier	<input type="text"/>		

Section B: Member's details

5	Tax file number (TFN)	<input type="text" value="401 307 468"/>		
6	Full name			
	Title	<input type="text" value="Mr"/>		
	Family name	<input type="text" value="Illankovan"/>		
	First given name	Other given names		
	<input type="text" value="Indrajith"/>	<input type="text"/>		
7	Residential address			
		<input type="text" value="68B McMillan Street"/>		
		<input type="text"/>		
	Suburb/town/locality	State/territory	Postcode	
	<input type="text" value="VICTORIA PARK"/>	<input type="text" value="WA"/>	<input type="text" value="6100"/>	
	Country if other than Australia	<input type="text"/>		
8	Date of birth	<input type="text" value="26 / 11 / 1980"/>		
9	Sex	Male	<input checked="" type="checkbox"/>	Female <input type="checkbox"/>
10	Daytime phone number (include area code)	<input type="text"/>		
11	Email address (if applicable)	<input type="text" value="iillankovan@outlook.com"/>		

Section C: Rollover transaction details

12	Service period start date	Day/Month/Year	01 / 02 / 2007
13	Tax components:		
	Tax-free component	\$	0.00
	KiwiSaver tax-free component	\$	0.00
	Taxable component:		
	Element taxed in the fund	\$	3,500.00
	Element untaxed in the fund	\$	0.00
	TOTAL Tax components	\$	3,500.00
14	Preservation amounts:		
	Preserved amount	\$	3,500.00
	KiwiSaver preserved amount	\$	0.00
	Restricted non-preserved amount	\$	0.00
	Unrestricted non-preserved amount	\$	0.00
	TOTAL Preservation Amounts	\$	3,500.00

Section D: Non-complying funds

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

16	Fund's ABN	62 653 671 394
17	Fund's name	Retail Employees Superannuation Trust
18	Contact name	Retail Employees Superannuation Trust Contact Centre
19	Daytime phone number (include area Code)	1300 300 778
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

17 / 03 / 2022