

Rollover benefits statement

Section A: Receiving fund

- 1 Australian business number (ABN) 84 497 043 014
- 2 Fund name
THE TRUSTEE FOR BOLTO4030 SMSF
- 3 Postal address
Unit 2 278 BEAUFORT ST

Suburb/town/locality PERTH State/territory WA Postcode 6000
Country if outside Australia
- 4 (a) Unique Superannuation Identifier (USI)
(b) Member Client Identifier C Bolton

Section B: Member details

- 5 Tax file number (TFN) 174 820 974
- 6 Full name
Title Ms
Family name Bolton
First given name Charmain Other given names Joanne
- 7 Residential address
Street address 16 Curtis Way
Suburb/town/locality GIRRAWHEEN State/territory WA Postcode 6064
Country if outside Australia
- 8 Date of birth Day/Month/Year 09/11/1972
- 9 Sex Male ☐ Female ☒
- 10 Daytime phone number (include area Code) 0407191804
- 11 Email address (if applicable)
bolto30@hotmail.com

Section C: Rollover transaction details

Day/Month/Year

14/02/2002

12 Service period start date

13 Tax components:

Tax-free component

\$ 5,794.02

KiwiSaver tax-free component

\$ 0.00

Taxable component:

Element taxed in the fund

\$ 69,205.98

Element untaxed in the fund

\$ 0.00

TOTAL Tax components \$ 75,000.00

14 Preservation amounts:

Preserved amount

\$ 75,000.00

KiwiSaver preserved amount

\$ 0.00

Restricted non-preserved amount

\$ 0.00

Unrestricted non-preserved amount

\$ 0.00

TOTAL Preservation amounts \$ 75,000.00

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

65 | 714 | 394 | 898

17 Fund's name

AustralianSuper

18 Contact name

AustralianSuper Contact Centre

19 Daytime phone number (include area Code)

1300 300 273

20 Email address (if applicable)

australiansuper.com/email

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

28/01/2021