# Rollover benefits statement



036/264

Bolton Property Group Fund C/Inferno Accounting PO Box 448 KALLANGUR QLD 4503





Central Plaza Three 70 Eagle Street, Brisbane GPO Box 200, Brisbane QLD 4001

P 1300360750

F 1300 241 602

W qsuper.qld.gov.au

Please keep a copy of this statement for your records.

#### Section A: Receiving fund

| Australian business number (ABN)       | 81 991-459-041                    |
|--|-----------------------------------|
| Fund name                              | Bolton Property Group Fund        |
| Postal address                         | C/ Inferno Accouinting PO Box 448 |
| Suburb/town/location                   | KALLANGUR                         |
| State/territory                        | QLD                               |
| Postcode                               | 4503                              |
| Country                                | Australia                         |
| Unique superannuation identifier (USI) |                                   |
| Member client identifier               |                                   |
|  |                                   |

#### Section B: Member's details

| Tax file number (TFN)         | 843-344-023          |
|-------------------------------|----------------------|
| Full name                     |                      |
| Title                         | Mr                   |
| Surname                       | Bolton               |
| First given name              | Mitchell             |
| Other given names             | Patrick              |
| Residential address           | 8 Gypsy Court        |
| Suburb/town/location          | Eatons Hill          |
| State/territory               | QLD                  |
| Postcode                      | 4037                 |
| Country                       |                      |
| Date of birth                 | 26 August 1991       |
| Daytime phone number          | 0732692525           |
| Email address (if applicable) | mitchbolton@live.com |
|                               |                      |



# Section C: Rollover transaction details

| Service period start date         | 28 March 2009                          |
|-----------------------------------|--|
| Tax components                    | ************************************** |
| Tax-free component                | \$4,871.40                             |
| KiwiSaver tax-free component      | \$0.00                                 |
| Taxable component                 |  |
| Element taxed in the fund         | \$29,897.87                            |
| Element untaxed in the fund       | \$0.00                                 |
| Total tax components              | \$34,769.27                            |
| Preservation amounts              |  |
| Preserved amount                  | \$34,769.27                            |
| KiwiSaver preserved amount        | \$0.00                                 |
| Restricted non-preserved amount   | \$0.00                                 |
| Unrestricted non-preserved amount | \$0.00                                 |
| Total preservation amounts        | \$34,769.27                            |

# Section D: Non-complying funds

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

\$0.00

# Section E: Transferring fund

| Fund Australian business number (ABN) | 60 905-115-063                        |  |
|---------------------------------------|---------------------------------------|--|
| Fund name                             | QSuper Accumulation account           |  |
| Contact name                          | Member Services                       |  |
| Daytime phone number                  | 1300360750                            |  |
| Email address                         | QSUPER.ATOREPORTING@QSUPER.QLD.GOV.AU |  |

#### Section F: Declaration

#### Authorised representative declaration

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                                | Neil Sheppard    |
|-------------------------------------|------------------|
| Authorised representative signature | Neil Sheppard    |
| Date                                | 03 December 2021 |