Element untaxed in the fund \$

TOTAL

\$

Rollover Benefits Statement

Unrestricted non-preserved \$

TOTAL

\$

46181.17

46181.17

Page 1/2

Australian Taxation Office	
Section A: Receiving fund Name and Postal Address	Australian Business Number (ABN) 26 725 019 067
RICHARD J WICHE SMSF TRENTONS CA 9 SUN CRESCENT SUNSHINE, VIC 3020	Unique Superannuation Identifier (USI) Member client identifier R WICHE
Section B: Member's details	
Tax File Number (TFN) 117 625 765 Full name Title: Mr X Mrs Miss Ms Other Family name WICHE First given name Other given names	
RICHARD Residential Address	
Street address 3A VENUS STREET	
JA VEROU STREET	
Suburb/town/locality GLADESVILLE	State/Territory Postcode NSW 2111
Country if other than Australia	
Date of birth Day Month Year Sex Daytin 17 / 06 / 1946 Male X Female Email address(if applicable) rwhiche@ozemail.com.au	ne phone number (include area code)
Section C: Rollover transaction details	
Service period start date Day Month Year 24 / 05 / 1995 Fax components:	Preservation Amounts:
Tax-free component \$ 13818.12	Preserved amount \$ 0.00
KiwiSaver tax-free component \$ 0.00	KiwiSaver preserved \$ 0.00
Taxable component:	Restricted non-preserved \$ 0.00
Element taxed in the fund \$ 32363.05	46101.17

0.00

46181.17

Section D: Non-complying funds		
Contributions made to a non-complying fund on or after 10 May 2006	\$	0.00
Section E: Transferring Fund Fund's ABN 68 964 712 340		
Fund's name		
AON MASTER TRUST - PERSONAL SUPER		
Contact name		
AON CONSULTING PTY LTD		
Email address(if applicable)		
Daytime phone number (include area code) 1300 880 588		
Section F: Declaration		
AUTHORISED REPRESENTATIVE DECLARATION I declare that: - I have prepared the statement with the information supplied by the superannuation provide. I have received a declaration made by the superannuation provider that the information preparation of this statement is true and correct	provided to me for the	
- I am authorised by the superannuation provider to give the information in the statement to	o me AIO.	
Name		
AON CONSULTING PTY LTD		
Authorised representative signature		
AON CONSULTING PTY LTD		

Day

26

Date

Month

06

Year

2014