

Section A: Receiving fund

Name and Postal Address

RACHEL DUNCAN SUPERANNUATION FUND
2 ELMES CT
MUDGEERABA, QLD 4213

Australian Business Number (ABN)

82 | 862 | 024 | 215

Unique Superannuation Identifier (USI)

Member client identifier

001

Section B: Member's details

Tax File Number (TFN)

193 | 883 | 821

Full name

Title: Mr Mrs Miss Ms Other

Family name

DUNCAN

First given name

RACHEL

Other given names

CHRISTINE

Residential Address

Street address

2 ELMES CT

Suburb/town/locality

MUDGEERABA

State/Territory Postcode

QLD

4213

Country if other than Australia

Date of birth

Day Month Year
29 / 12 / 1975

Sex

Male Female

Daytime phone number (include area code)

Email address(if applicable)

rduncan@goldcoast.qld.gov.au

Section C: Rollover transaction details

Service period start date

Day Month Year

10 / 01 / 1995

Tax components:

Tax-free component \$ 11497.75

KiwiSaver tax-free component \$ 0.00

Taxable component:

Element taxed in the fund \$ 288502.25

Element untaxed in the fund \$ 0.00

TOTAL \$ 300000.00

Preservation Amounts:

Preserved amount \$ 300000.00

KiwiSaver preserved \$ 0.00

Restricted non-preserved \$ 0.00

Unrestricted non-preserved \$ 0.00

TOTAL \$ 300000.00

Section D: Non-complying funds

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

\$

Section E: Transferring Fund

Fund's ABN

Fund's name

Contact name

Email address(if applicable)

Daytime phone number
(include area code)

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

Authorised representative signature

Date / /