

Rollover Benefit Statement

Roll-over fund copy

t0001297h-0135854-0000080

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

87366070223

Po Box 119

MOUNT GRAVATT

QLD 4122

Unique Superannuation Identifier (USI):

Member client identifier:

SULLIVANP

SECTION B: MEMBER'S DETAILS

Tax file number (TFN):

490078137

Title:

Mr.

Family name:

Sullivan

Given name:

Peter

Other given names:

Vincent

Residential address:

628 Grieve Road

Suburb/town:

ROCHEDALE

State/territory:

QLD

Postcode:

4123

Country if other than Australia:

Date of birth:

18/08/1968

Sex (M/F):

M

Daytime phone number (including area code):

(073) 3111 599

Email address (if applicable):

peter.sullivan@astutefinancial.com.au

SECTION C: DEATH BENEFIT ROLLOVER TRANSACTION DETAILS

Income stream taxation indicator:

TFN of deceased member:

Full name of deceased member:

Title:

Family name:

First given name:

Other given names:

Date of birth of deceased member:

Service period start date:

21/08/1995

Tax components:

Preservation amounts:

Tax-free component

\$147.12

Preserved amount

\$200,000.00

KiwiSaver Tax-free component

\$0.00

KiwiSaver preserved amount

\$0.00

Taxable component

Restricted non-preserved amount

\$0.00

▪ Element taxed in the fund, and

\$199,852.88

Unrestricted non-preserved amount

\$0.00

▪ Element untaxed in the fund

\$0.00

TOTAL Preservation Amounts

\$200,000.00

TOTAL Tax Components

\$200,000.00

SECTION D: DEPENDENT CHILD DEATH BENEFIT ROLLOVER DETAILS

Value of interest at member's death:

Retirement phase:

Accumulation phase:

% share of above for this dependant

SECTION E: TRANSFERRING FUND

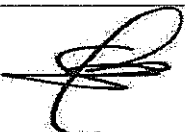
ABN: 26458298557
Fund's name: Colonial First State FirstChoice Employer Super
Contact name: Scott Henricks
Telephone no: 13 13 36

SECTION F: DECLARATION

I declare that the information contained in the statement is true and correct.

Name: Scott Henricks

Signature of authorised person:



Date: 19 November 2020