

# Rollover benefits statement

## When to use this statement

- ❗ Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- you are paying a rollover superannuation benefit other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards
- you have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member
- you are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section **D** instead of section **C**).

- ❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

## Completing this statement

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

- ❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

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## Section A: Receiving fund

1 **Australian business number (ABN)**

2 **Fund name**

3 **Postal address**

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

4 **(a) Unique superannuation identifier (USI)**

**(b) Member client identifier**

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## Section B: Member's details

5 **Tax file number (TFN)**

6 **Full name**

Title:

Family name

First given name

Other given names

7 **Residential address**

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

8 **Date of birth**

9 **Sex**

10 **Daytime phone number** (include area code)

11 **Email address** (if applicable)

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## Section C: Rollover transaction details

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 **Service period start date**

13 **Tax components**

Tax-free component \$

KiwiSaver tax-free component \$

Taxable component:

Element taxed in the fund \$

Element untaxed in the fund \$

**Tax components TOTAL \$**

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

**14 Preservation amounts**

Preserved amount \$ 10,000.00  
KiwiSaver preserved amount \$  
Restricted non-preserved amount \$  
Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$ 10,000.00

! If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

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**Section D: Non-complying funds**

! Only complete this section if you are a trustee of a non-complying fund.

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

\$

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**Section E: Transferring fund**

**16 Fund ABN** 20 729 625 575

**17 Fund name**

MAXHALBU SUPERANNUATION FUND

**18 Contact name**

Title: MRS

Family name SHERMAN

First given name SHONA

Other given names

**19 Daytime phone number** (include area code)

07 3286 1322

**20 Email address** (if applicable)

shonas@hfbgroup.com.au

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## Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

- ❗ Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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### Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date

**OR**

### 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 (BLOCK LETTERS)

Authorised representative signature

Date

Tax agent number (if you are a registered tax agent)

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## Where to send this form

- ❗ Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in section **A** within seven days of paying the rollover
- provide a copy to the member in section **B** within 30 days of paying the rollover
- keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section **A**)
- use this form only to provide a statement to the member in section **B** within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.