## **Rollover benefits statement**

Se	ction A: <b>Receiving fu</b>	nd						
1	Australian business number	r (ABN)	16 715 34	12 903				
2	Fund name							
	The Trustee for Gold 2.0 Supe	er Fund						
3								
	C/- PROPLUS SUPER							
	PO Box 1839							
	Suburb/town/locality				Sta	te/territory		Postcode
	BROADBEACH				QL			4218
	Country if outside Australia						_	
4	(a) Unique Superannuatio	n Identifier	(USI)					
			( /	L				
	(b) Member Client Identifie	er						
50	ction B: <b>Member deta</b>	ile						
5	Tax file number (TFN)	436	299 839					
6	Full name							
	Title Mr							
	Family name Hynes							
	-							
	First given name		Other given n	names				
	Liam							
7	Residential address Street address							
	159 Queens Rd							
	Suburb/town/locality				State/territory			Postcode
	Suburb/town/locality NUDGEE				QLD			4014
	Country if outside Australia						l	
	,							
8	Date of birth							
9	Sex Male	Female						
10	Daytime phone number (incl		nde) 04112	289033				
		uue area UC	04112	.00000				
11	Email address (if applicable)							
	liam.hynes.oz@gmail.com							

		-	Month/Year 07/2011	
12	Service period start date	30/	07/2011	
13	Tax components:			
	Tax-free component	\$	188.58	
	KiwiSaver tax-free component	\$	0.00	
	Taxable component:			
	Element taxed in the fund	\$	159,586.27	
	Element untaxed in the fund	\$	0.00	
		TOTAL T	ax components \$	159,774.85
14	Preserved amounts: Preserved amount		159,774.85	
		\$	0.00	
	KiwiSaver preserved amount	\$	0.00	
	Restricted non-preserved amount	\$	0.00	
	Unrestricted non-preserved amount	\$		
	10	OTAL Preser	vation amounts \$	159,774.85
Se	ction D: Non-complying funds			
15	Contributions made to a non-complying fund on or after 10 May 2	2006 \$	0.0	0
13	Contributions made to a non-complying fund on or after 10 may 2	.000 ф	0.0	
_	otion E: Transferring fund			
Se	CHOILE. ITAIISIEITIIIQ IUIIU			
	ction E: Transferring fund			
16	Fund's ABN 75   493   363   262			
16				
16 17	Fund's ABN 75   493   363   262  Fund's name  Construction and Building Union Superannuation			
16	Fund's ABN 75   493   363   262 Fund's name			
16 17	Fund's ABN 75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name			
16 17 18	Fund's ABN 75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name  Daytime phone number (include area Code)			
16 17 18	Fund's ABN 75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name			
16 17 18	Fund's ABN 75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name  Daytime phone number (include area Code)			
16 17 18 19 20	Fund's ABN 75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name  Daytime phone number (include area Code)  Email address (if applicable)			
16 17 18 19 20	Fund's ABN 75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name  Daytime phone number (include area Code)  Email address (if applicable)  ction F: Declaration			
16 17 18 19 20	Fund's ABN  75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name  Daytime phone number (include area Code)  Email address (if applicable)  Ction F: Declaration  AUTHORISED REPRESENTATIVE DECLARATION:  Complete this declaration if you are an authorised representative of the	e superannı	uation fund or othe	er provider shown in
16 17 18 19 20	Fund's ABN  75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name  Daytime phone number (include area Code)  Email address (if applicable)  Ction F: Declaration  AUTHORISED REPRESENTATIVE DECLARATION:  Complete this declaration if you are an authorised representative of the section E.	e superanni	uation fund or othe	er provider shown in
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16 17 18 19 20	Fund's ABN  75   493   363   262  Fund's name  Construction and Building Union Superannuation  Contact name  Daytime phone number (include area Code)  Email address (if applicable)  Ction F: Declaration  AUTHORISED REPRESENTATIVE DECLARATION:  Complete this declaration if you are an authorised representative of the section E.  I declare that:  I have prepared the statement with the information supplied  I have received a declaration made by the superannuation the preparation of this statement is true and correct	d by the su provider th	perannuation propertion properties the information	ovider on provided to me f
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