

Rollover benefits statement

Section A: Receiving fund

1	Australian business number (ABN)	84 636 829 163		
2	Fund Name	The Trustee for CM & SM Corrigan Superannuation Fund		
3	Postal address	3 Prospect Rd		
	Suburb/town/locality	State/territory	Postcode	
	GARDEN SUBURB	NSW	2289	
	Country if other than Australia			
4	(a) Unique Superannuation Identifier (USI)			
	(b) Member Client Identifier	Sean Corrigan		

Section B: Member's details

5	Tax file number (TFN)	401 726 169		
6	Full name			
	Title	Mr		
	Family name	Corrigan		
	First given name	Other given names		
	Sean			
7	Residential address	3 Prospect Road		
	Suburb/town/locality	State/territory	Postcode	
	GARDEN SUBURB	NSW	2289	
	Country if other than Australia			
8	Date of birth	Day/Month/Year 07 / 04 / 1982		
9	Sex	Male	<input checked="" type="checkbox"/>	Female <input type="checkbox"/>
10	Daytime phone number (include area code)			
11	Email address (if applicable)	scorrigan7@gmail.com		

Section C: Rollover transaction details

		Day/Month/Year
12	Service period start date	13 / 11 / 2002
13	Tax components:	
	Tax-free component	\$ 246.39
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 53,753.61
	Element untaxed in the fund	\$ 0.00
	TOTAL Tax components	\$ 54,000.00
14	Preservation amounts:	
	Preserved amount	\$ 54,000.00
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 0.00
	TOTAL Preservation Amounts	\$ 54,000.00

Section D: Non-complying funds

15	Contributions made to a non-complying fund on or after 10 May 2006	\$ 0.00
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Section E: Transferring fund

16	Fund's ABN	28 901 371 321
17	Fund's name	Local Government Super
18	Contact name	Local Government Super Contact Centre
19	Daytime phone number (include area Code)	1300 547 873
20	Email address (if applicable)	info@lgsuper.com.au

Section F: Declaration

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

JOE NEKIC

Authorised representative signature

JOE NEKIC

Day / Month / Year

Date

05 / 07 / 2019