

25 March 2021



621782BPOVRNT

R02

Natoli Super Fund
8 Stoney Creek Road
BEVERLY HILLS NSW 2209

Dear Administrator

**Rollover from UniSuper for Ms Natasha Carla Winsley
UniSuper Member Number: 11219094**

The above member has instructed the Trustee of their intention to rollover their benefit entitlement to your organisation. We have credited the amount to your bank account. Accordingly we enclose the following:

1. Rollover Benefits Statement

If you have any additional queries please do not hesitate to contact a Member Services Consultant on 1800 331 685.

Yours sincerely

Lee Scales

Lee Scales
Chief Customer Officer

Fund: UniSuper
ABN 91 385 943 850

Trustee: UniSuper Limited
ABN 54 006 027 121
AFSL 492806

Administrator: UniSuper
Management Pty Ltd
ABN 91 006 961 799
AFSL 235907

Helpline
1800 331 685

Head Office
Level 1, 385 Bourke Street
Melbourne VIC 3000

Rollover Benefits Statement

Complete this form 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 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.

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

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

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

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

SECTION A: RECEIVING FUND

1	Australian business number (ABN)	:	27 540-602-996
2	Fund name	:	NATOLI SUPER FUND
3	Postal address	:	8 STONEY CREEK ROAD
	Suburb/Town	:	BEVERLY HILLS
	State	:	NSW
	Postcode	:	2209
	Country (if other than Australia)	:	
4	(a) Unique Superannuation Identifier (USI)	:	
	(b) Member Client Identifier	:	

SECTION B: MEMBER'S DETAILS

5	Tax File Number(TFN)	:	341 711 303
6	Full Name	:	
	Title	:	Ms
	Family Name	:	WINSLEY
	First Given Name	:	Natasha
	Other Given Name(s)	:	Carla
7	Residential Address	:	8 STONEY CREEK ROAD
	Suburb/Town	:	BEVERLY HILLS
	State	:	NSW
	Postcode	:	2209
	Country	:	
8	Date of Birth	:	25 / 01 / 1983
9	Sex	:	Female
10	Daytime phone number	:	
11	Email address (if applicable)	:	natasha@espsychs.com.au

SECTION C: ROLLOVER TRANSACTION DETAILS

12	Service period start date	:	06 / 11 / 1997
13	Tax components	:	
	Tax-free component	\$	0.00
	KiwiSaver Tax-free component	\$	0.00
	Taxable component		
	Element taxed in the fund, and	\$	124,000.00
	Element untaxed in the fund	\$	0.00
	Tax components TOTAL	\$	124,000.00

14 Preservation amounts

Preserved amount	\$	124,000.00
KiwiSaver Preserved amount	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00
Preservation amounts TOTAL	\$	124,000.00

SECTION D: NON-COMPLYING FUNDS

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

SECTION E: TRANSFERRING FUND

16 Fund ABN	: 91 385-943-850
17 Fund name	: UNISUPER
18 Contact name	: COMPLIANCE
19 Daytime phone number	: 0388316100

SECTION F: DECLARATION

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name : Lee Scales
Trustee, director, or authorised officer signature : *Lee Scales*
Date : 25 March 2021



