# **Rollover benefits statement**

#### WHEN TO USE THIS STATEMENT

Only use this version of the form for transactions occurring on or after 1 July 2013.
 If you need to correct an error regarding 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 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.

## Section A: Receiving fund's details

1 Australian business number (ABN)	1	Australian	business	number	(ABN)
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68 657 495 890

2 Fund name

Hostplus Superannuation Fund

## 3 Postal address

Stre	eet a	addres	S	

Locked Bag 5046			
Suburb/town/locality		State/territory	Postcode
Paramatta		NSW	2124
Country if outside Australia			
4			
(a) Member client identifier	830654637		
(b) Unique superannuation identifier (USI)	HOS0100AU		
(,			
Section B: Member's details			
5 Tax file number (TFN) 803444636			
6 Full name			
Title Ms			
Family name			
Dolieslager			
First given name	Other given names		
Brenda	Melisande		
7 Residential address			
Street address			
Unit 2			
3 Carmen Street			
Suburb/town/locality		State/territory	Postcode
NEWPORT		VIC	3015
Country if outside Australia			

8 Date of birth 8/07/1971

9	Sex	Female			
Ū	UUX	remaie			
10	Daytime phone	e number (include area code)			
11	Email address	(if applicable)			
Se	ction C: Roll	over transaction details			
Q	Include dollars a	nd cents. The totals at item 13 and 14 mus	t both equal th	e amount of the rollover payment.	
12	Service period	l start date		04/01/2004	
13	Tax componer	nts			
-	Tax-free componer	nt		\$1,033.39	
I	KiwiSaver tax-free	component		\$0.00	ĺ
-	Faxable componen	it:			ł
	Element ta	axed in the fund		\$28,966.61	
	Element u	intaxed in the fund		\$0.00	
		Tax componen	ts TOTAL	\$30,0	00.00

• 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		\$30,000.00	
KiwiSaver preserved amount		\$0.00	
Restricted non-preserved amount		\$0.00	
Unrestricted non-preserved amount		\$0.00	
Preservation compone	nts TOTAL	\$3	0,000.00

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.

# 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

# Section E: Transferring fund

16 Fund ABN

24 804 929 225

#### 17 Fund name

Brenda and Tracy Superannu	ation Fund	
18 Contact name		
Title Ms		
Family name		
Dolieslager		
First given name	Other	given names
Brenda		ande
19 Daytime phone number	(include area code)	0403226963 (prefer 0402 632 875)
20 Email address (if applica	ble)	

brenda.melisande@gmail.com

# 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.

#### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

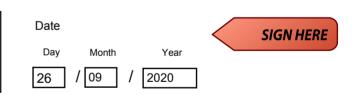
Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in the section above.

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

### Name (BLOCK LETTERS)

### BRENDA MELISANDE DOLIESLAGER

### Trustee, director or authorised officer signature



### 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

 Day
 Month
 Year

 Image: Day
 Year
 Image: Day

 Tax agent number (if you are a registered tax agent)
 Image: Day
 Image: Day

# Where to send this form

0	Do not	send	this	form	to	the ATO	
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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 them 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 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 (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 a period of five years

OR