

17 July 2020

Kksr Super Fund PO Box 822 COTTON TREE QLD 4558

Dear Sir/Madam

Rollover request Member name: Kym Frances Mason Our member number: 10385202

We have received a request from the above UniSuper member to rollover their superannuation benefit into your fund.

Accordingly, we credited the amount \$5,769.53 to your bank account. We also enclosed the relevant *Rollover Benefits Statement* for your attention.

If you have any queries, please call the UniSuper Helpline on 1800 331 685 or email your query to enquiry@unisuper.com.au

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 unisuper.com.au

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 2	Australian business number (ABN) Fund name	: 20 110-500-525 : KKSR SUPER FUND	1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
3	Postal address Suburb/Town State Postcode Country (if other than Australia)	: PO BOX 822 : COTTON TREE : QLD : 4558	
4	(a) Unique Superannuation Identifier (USI)		
	(b) Member Client Identifier	•	

SECTION B: MEMBER'S DETAILS

5	Tax File Number(TFN) Full Name	: 546 780 721
	Title	: Mrs
	Family Name	: MASON
	First Given Name	: Kym
	Other Given Name(s)	: Frances
7	Residential Address	: UNIT 1
1		19 BEACH PARADE
	Suburb/Town	: COTTON TREE
	State	: QLD
	Postcode	: 4558
	Country	
8	Date of Birth	23 / 01 / 1959
	Sex	: Female
) Daytime phone number	: 0747254172
11	Email address (if applicable)	: k.mason@cqu.edu.au

SECTION C: ROLLOVER TRANSACTION DETAILS

12 Service period start date	: 29 / 06 / 2012
13 Tax components	
Tax-free component KiwiSaver Tax-free component Taxable component Element taxed in the fund, and Element untaxed in the fund	\$ 639.50 \$ 0.00 \$ 5,130.03 \$ 0.00
Tax components TOTAL	\$ 5,769.53

14 Preservation amounts		
Preserved amount KiwiSaver Preserved amount Restricted non-preserved amount Unrestricted non-preserved amount	\$ 0.00 \$ 0.00 \$ 0.00 \$ 5,769.53	
Preservation amounts TOTAL	\$ 5,769.53	
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 17 Fund name 18 Contact name 19 Daytime phone number 	: 91 385-943-850 : UNISUPER : COMPLIANCE : 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	: 17 July 2020	