Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

If a member asks you to roll over parts of their entitlement to more then one fund, you must complete separate statements for each rollover payment.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office.

Amenator tax ethos			
Section A: Receiving fund			
1 Australian business number (ABN)	511796381	28	
2 Fund name			
CURRALONG SUPER FUND			
3 Postal address			
			n-Mineric (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
4 You must provide at least one of the receiving fu	nd's numbers below :		
(a) Unique superannuation identifier (USI)			
			-
(b) Member client identifier			
Section B: Member's details			
5 Tax File Number (TFN)		٦	
		_	
6 Full name			
Title MR			
Family Name			native distance de la company de la comp
PHELAN			
First given name	Other given names		
NICHOLAS DALE			
7 Residential address			
28 KAWANA CRESCENT ASHMORE QLD 4214			
ASTIMORE GED 4214			
8 Date of birth	28/11/1977		
9 Sex	M	_	
10 Daytime phone number (include area code)			
11 Email address (if applicable)			
(ii mbhiianna)			

Section C: Rollover transaction details

12	Service period start date	01/07/1995	
13	Tax components		
	Tax-free component	\$	
	KiwiSaver tax-free component	\$	
	Taxable component:		
	Element taxed in the fund	\$	75,191.98
	Element untaxed in the fund	\$	
	Tax components TOTAL	\$	75,191.98
14	Preservation amounts		
	Preserved amount	\$	75,191.98
	KiwiSaver preserved amount	\$	
	Restricted non-preserved amount	\$	
	Unrestricted non-preserved amount	\$	
	Preservation amounts TOTAL	\$	75,191.98

Section D: Non-complying funds

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

\$

Section E: Transfe	erring fund			
16 Fund ABN		40244654430		
17 Fund name				
PHASES FOR MEN S	UPERANNUATION FUND			1 7 4 7 4 7
18 Contact name				
PHILLIP GEOFFREY SMIT	ГН			
19 Daytime phone nu	mber (include area code)		
Telephone No 07 5	5849060			
20 Email address (i	f applicable)			
Signature of authorise			Date	1 1
You do not need to send	a copy of the statement to the	ATO however, you must keep a	copy for your records for a pe	eriod of five years.