

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

7 Residential address

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

8 Date of birth / /

9 Sex Male Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

1 Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date / /

13 Tax components

Tax-free component \$, , 0 . 0 0

KiwiSaver tax-free component \$, ,

Taxable component:

Element taxed in the fund \$, , 2 3 5 . 7 4

Element untaxed in the fund \$, , 0 . 0 0

Tax components TOTAL \$, , 2 3 5 . 7 4

1 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 \$, , 235.74

KiwiSaver preserved amount \$, , 000

Restricted non-preserved amount \$, , 000

Unrestricted non-preserved amount \$, , 000

Preservation amounts TOTAL \$, , 235.74

! 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

\$, , 000

Section E: Transferring fund

16 Fund ABN 90 194 410 365

17 Fund name

Asgard Independence Plan - Division 2

18 Contact name

Title: Mr Mrs Miss Ms Other

Family name

SEWELL

First given name

JACOB

Other given names

19 Daytime phone number (include area code)

1800998185

20 Email address (if applicable)