

# Rollover benefits statement

## Section A: Receiving fund's details

1 Australian business number (ABN)

### 2 Name

### 3 Postal address

Street address

Suburb/town/locality

State/territory

Postcode

Country

4a Unique Superannuation Identifier (USI)

4b Member client identifier

## Section B: Member's details

5 Tax file number (TFN)

### 6 Full name

Title

Family name

First given name

Other given names

### 7 Postal address

Street address

Suburb/town/locality

State/territory

Postcode

Country

Day / Month / Year

8 Date of birth

9 Sex

10 Daytime phone number

**11 Email address**

kasto@bigpond.net.au

**Section C: Rollover transaction details**

Day / Month / Year

**12 Service period start date**

23/01/1987

**13 Tax components**

Tax-free component

\$0.00

KiwiSaver Tax-free component

\$0.00

Taxable component:

Element taxed in the fund

\$101,390.03

Element untaxed in the fund

\$0.00

TOTAL Tax Components

\$101,390.03

**14 Preservation amounts**

Preserved amount

\$101,390.03

KiwiSaver preserved amount

\$0.00

Restricted non-preserved amount

\$0.00

Unrestricted non-preserved amount

\$0.00

TOTAL Preservation Amounts

\$101,390.03

**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's ABN**

26382680883

**17 Fund's name**

L.U.C.R.F. PTY LTD

**18 Contact name**

Title

Family name

TSIOUTSIS

First given name

BILL

Other given names

**19 Email address**

Bill.Tsioutsis@lucrf.com.au

**20 Daytime phone number**

03 9320 5300

**Section F: Declaration**

Complete the declarations that apply 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 section E.

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

**Name (BLOCK LETTERS)**

BILL TSIOUTSIS

**Trustee, director or authorised officer signature**



Date

Day / Month / Year

9/06/2017

OR

**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.

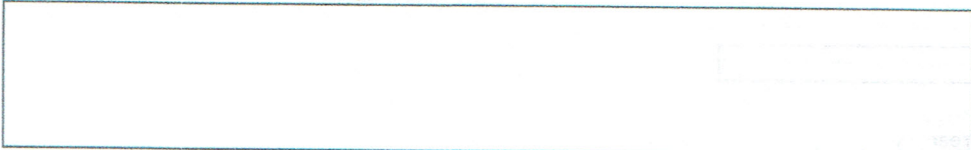
I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct.

I am authorised by the superannuation provider to give the information in the statement to the ATO.

**Name (BLOCK LETTERS)**

[Empty box for name]

**Authorised representative signature**



Date

Day / Month / Year

9/06/2017

**Tax Agent number**

[Empty box for tax agent number]



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8 Date of birth  
Day / Month / Year

9 Sex

10 Daytime phone number

**11 Email address**

kasto@bigpond.net.au

**Section C: Rollover transaction details**

	Day / Month / Year	
<b>12 Service period start date</b>	23/01/1987	
<b>13 Tax components</b>		
Tax-free component	\$0.00	
KiwiSaver Tax-free component	\$0.00	
Taxable component:		
Element taxed in the fund	\$101,390.03	
Element untaxed in the fund	\$0.00	
<b>TOTAL Tax Components</b>		<b>\$101,390.03</b>

<b>14 Preservation amounts</b>		
Preserved amount	\$101,390.03	
KiwiSaver preserved amount	\$0.00	
Restricted non-preserved amount	\$0.00	
Unrestricted non-preserved amount	\$0.00	
<b>TOTAL Preservation Amounts</b>		<b>\$101,390.03</b>

**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's ABN** 26382680883

**17 Fund's name**  
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**18 Contact name**  
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**Name (BLOCK LETTERS)**

BILL TSIOUTSIS

**Trustee, director or authorised officer signature**



Date

Day / Month / Year

9/06/2017

OR

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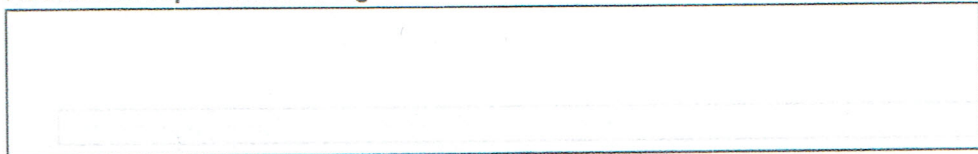
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I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct.

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

9/06/2017

**Tax Agent number**