## Rollover benefits statement

Section A: Receiving fund's details	s alva			
1 Australian business number (ABN) 8057148	89523			
2 Name				
THE TRUSTEE FOR OLDFIELD CAPITAL SUPERANI	NUATION FUND			
3 Postal address				
Street address				
C/- PERENNIAL GROWTH P/L LEVEL 34 AMP CENTR	RE 50 BRIDGE ST			
Suburb/town/locality			State/territory	Postcode
CIRCULAR QUAY SYDNEY			NSW	2000
Country				
4a Unique Superannuation Identifier (USI)	ina nas rora		2100	
4b Member client identifier				
45 Member chefit identifier	1,322,476		100000	
Section B: Member's details	Name of the second		12/02/2014/03/2016/2016/20	sare-nombana peant.
OCCUOII D. MEINDELS DELANS				
120 6/2 72 f2				
5 Tax file number (TFN) 672-369-198				
\$0.000 FUEZ \$0.000 FLO	SUMMERS LATOF			
5 Tax file number (TFN) 672-369-198	GLARGOS JATO			
5 Tax file number (TFN) 672-369-198 6 Full name				
5 Tax file number (TFN) 672-369-198 6 Full name Title MR				
5 Tax file number (TFN) 672-369-198 Full name Title MR Family name			FACO-ROL (-4) B	encill Cinolo bom suoquanna 25 year orate cono
5 Tax file number (TFN) 672-369-198 6 Full name Title MR Family name OLDFIELD	Other give		FACO-ROL (-4) B	ban anolikisino
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY	Other give		FACO-ROL (-4) B	bam anolikkisimo
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address	Other give	en names	MCD+11015 2-25 B	bem encludames Is yeld 01 helic dono
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY	Other give	en names	MCD+11015 2-25 B	bem encludames Is yeld 01 helic dono
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St	Other give	en names	mos-nun s-örn od nus gmirtolis eessessoos	communications and additional and additional and a second area.
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address	Other give	en names	Manufacturitory	bam anoquamina a yela oraza oraz ena (**) En Cilo (AECA CESAR)
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St Suburb/town/locality AUBURN	Other give	en names	mos-nun s-örn od nus gmirtolis eessessoos	chon El Trans
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St Suburb/town/locality AUBURN	Other give	en names	Manuficationy	Postcode 2144
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St Suburb/town/locality	Other give	en names	Manuficationy	Postcode 2144
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St Suburb/town/locality AUBURN Country	Other give	en names	Manuficationy	Postcode 2144
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St Suburb/town/locality AUBURN Country	Other give	en names	Manuficationy	Postcode 2144
6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St Suburb/town/locality AUBURN Country Day / Month / Year 26/10/1958	Other give	en names	Manuficationy	Postcode 2144
5 Tax file number (TFN) 6 Full name Title MR Family name OLDFIELD First given name ANTHONY 7 Postal address Street address 57A Northcote St Suburb/town/locality AUBURN Country	Other give	en names	Manuficationy	Postcode 2144

details	
Day / Month / Year	
23/01/1987	
\$0.00	
\$0.00	
\$101,390.03	
\$0.00	
TOTAL Tax Components	\$101,390.03
\$101,390.03	
\$0.00	
\$0.00	
\$0.00	
TOTAL Preservation Amounts	\$101,390.03
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S	
\$0.00	
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	V + ritografi - yell
	35V 180000 1-80
Other given names	
	\$0.00 \$0.00 \$101,390.03 \$101,390.03 \$101,390.03 \$101,390.03 \$0.00 \$0.00

19 Email address Bill.Tsioutsis@lucrf.com.au	<u> </u>
20 Daytime phone number 03 9320 5300	
Section F: Declaration	
Complete the declarations that apply to you. Print your full name then sign	and data deplacetion
Before you sign the declaration, check that you have provided true and co giving false or misleading information.	rrect information. Penalties may be imposed for
TOLICITE DIRECTOR OF LAND	
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARAT	
Complete this declaration if you are the trustee, director or authorised office shown in section E.	eer of the superannuation fund or other provider
I declare that the information contained in the statement is true and correct	t.
Name (BLOCK LETTERS)	
BILL TSIOUTSIS	
Trustee, director or authorised officer signature	
and the same of th	
	Date
	Day / Month / Year
STEP CAP	9/06/2017
DR .	
AUTHORISED REPRESENTATIVE DECLARATION:	
Complete this declaration if you are an authorised representative of the su	
Complete this declaration if you are an authorised representative of the su section E.	
Complete this declaration if you are an authorised representative of the su section E.  declare that:	perannuation fund or other provider shown in
Complete this declaration if you are an authorised representative of the susection E.  declare that:  have prepared the statement with the information supplied by the superal have received a declaration made by the superannuation provider that the	perannuation fund or other provider shown in
Complete this declaration if you are an authorised representative of the susection E.  declare that:  have prepared the statement with the information supplied by the superal have received a declaration made by the superannuation provider that the his statement is true and correct.	perannuation fund or other provider shown in nuation provider.  e information provided to me for the preparation of
AUTHORISED REPRESENTATIVE DECLARATION:  Complete this declaration if you are an authorised representative of the suscetion E.  declare that:  have prepared the statement with the information supplied by the superal have received a declaration made by the superannuation provider that the his statement is true and correct.  am authorised by the superannuation provider to give the information in the Name (BLOCK LETTERS)	perannuation fund or other provider shown in nuation provider.  e information provided to me for the preparation of

	Data
	Date
	Day / Month / Year
	9/06/2017
	in the section as
x Agent number	

## Rollover benefits statement

Section A: Receiving fund's details		
1 Australian business number (ABN) 80571489523		
2 Name	s - Long of violets and -	els the declaration
THE TRUSTEE FOR OLDFIELD CAPITAL SUPERANNUATION FUND		
3 Postal address Street address		
C/- PERENNIAL GROWTH P/L LEVEL 34 AMP CENTRE 50 BRIDGE ST		
Suburb/town/locality	State/territory	Postcode
CIRCULAR QUAY SYDNEY	NSW	2000
Country		
4a Unique Superannuation Identifier (USI)		
	nt mothe bearonts	
4b Member client identifier		
	d des activações qua cuatricis cua proyectes fondada calidada qui que analitat prope	
Section B: Member's details		
OCCIOII D. MIGHINGI 3 MCMIN		
5 Tax file number (TFN) 672-369-198		
5 Tax file number (TFN) 672-369-198		
5 Tax file number (TFN) 672-369-198 6 Full name		
5 Tax file number (TFN) 672-369-198  6 Full name  Title MR		
5 Tax file number (TFN)  6 Full name  Title MR  Family name	SENTATIVE DECLA	SPISE OF STREET
5 Tax file number (TFN)  6 Full name  Title MR  Family name  OLDFIELD	ammines, n. cont	99933 038190 Assistant and 618 20 Teat 9
5 Tax file number (TFN)  6 Full name  Title MR  Family name  OLDFIELD  First given name  Other given name	ammines, n. cont	SAISO REPARA note sector and said of the sector are sector and said and sector are sector are sector are sector are sector and said are sector are secto
5 Tax file number (TFN)  6 Full name  Title MR  Family name  OLDFIELD	ammines, no cont	SASS OSAINO  CONTRACTO SOINT SEE  CONTRACTO SEE  SEES SOINT SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  672-369-198  Other given name B		SATER OBSISTO
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  672-369-198  Other given name	ammines, no cont	assassion ent sis outsiden ent sis outsiden ent of tent of enter outsiden outsiden en outsiden
5 Tax file number (TFN)  6 Full name Title MR Family name OLDFIELD First given name ANTHONY  7 Postal address		CRISEO REPRE Solve and state of the color of the selection of the color of the audio, and the
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  7 Postal address Street address 57A Northcote St	S	Postcode
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  7 Postal address Street address 57A Northcote St  Suburb/town/locality		nagenelora entresa.  Tentral
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  7 Postal address Street address 57A Northcote St	s State/territory	Postcode
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  7 Postal address Street address 57A Northcote St  Suburb/town/locality	s State/territory	Postcode
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  7 Postal address Street address 57A Northcote St  Suburb/town/locality AUBURN	s State/territory	Postcode
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  B  7 Postal address Street address 57A Northcote St  Suburb/town/locality AUBURN  Country	s State/territory	Postcode
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  B  7 Postal address Street address 57A Northcote St  Suburb/town/locality AUBURN  Country  Day / Month / Year	s State/territory	Postcode
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  B  7 Postal address Street address 57A Northcote St  Suburb/town/locality AUBURN  Country	s State/territory	Postcode
5 Tax file number (TFN)  6 Full name Title MR  Family name OLDFIELD  First given name ANTHONY  B  7 Postal address Street address 57A Northcote St  Suburb/town/locality AUBURN  Country  Day / Month / Year	s State/territory	Postcode 2144

Section C: Rollover transa	etien deteile	
2 Service period start date	Day / Month / Year 23/01/1987	
2 dervice period start date	23/01/1307	
3 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
4 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	
5 Contributions made to a non-con	nplying fund	
on or offer 10 May 2006	\$0.00	
on or after 10 May 2006	<b>V</b> 0.00	

19 Email address Bill.Tsioutsis@lucrf.com.au		
2		
20 Daytime phone number 03 9320 5300		
	· details ·	ction C: Rollover transa
Section F: <b>Declaration</b>		
Complete the declarations that apply to you. Print your fu	ull name then sign and date declar	ration.
Before you sign the declaration, check that you have pro giving false or misleading information.	vided true and correct information	n. Penalties may be imposed for
TRUSTEE, DIRECTOR OR AUTHORISED OFFIC	ER DECLARATION:	
Complete this declaration if you are the trustee, director shown in section E.	or authorised officer of the supera	nnuation fund or other provider
declare that the information contained in the statement	is true and correct.	
\$10,000 (5,000)		
Name (BLOCK LETTERS)	prisoner JANO	reservation amounts
BILL TSIOUTSIS	pragram JATON	Preservation araquats es soves amount
	E0.035 1302	Presencetion synducis es soves amount. downsym préserved amourn
BILL TSIOUTSIS	2. 08	nume havasan ejaluasa Date
BILL TSIOUTSIS	20 02 20 02 20 02	Date  Day / Month / Year
BILL TSIOUTSIS	20 08   DO 08	
BILL TSIOUTSIS  Trustee, director or authorised officer signature	20 08 2 2 00 08 2 00 0	Day / Month / Year
BILL TSIOUTSIS  Trustee, director or authorised officer signature	\$0.000   \$0.	Day / Month / Year
Trustee, director or authorised officer signature		Day / Month / Year
Trustee, director or authorised officer signature  OR  AUTHORISED REPRESENTATIVE DECLARATION  Complete this declaration if you are an authorised representative of the second of the sec	DN:	Day / Month / Year 9/06/2017
Trustee, director or authorised officer signature  OR  AUTHORISED REPRESENTATIVE DECLARATION  Complete this declaration if you are an authorised representation E.	DN:	Day / Month / Year 9/06/2017
BILL TSIOUTSIS	ON: sentative of the superannuation fu	Day / Month / Year 9/06/2017  and or other provider shown in
Trustee, director or authorised officer signature  OR  AUTHORISED REPRESENTATIVE DECLARATION Section E.  I declare that: I have prepared the statement with the information support in the superannuation.	ON: sentative of the superannuation full full formation for the superannuation provides the superannuation provide	Day / Month / Year 9/06/2017  and or other provider shown in er.
Trustee, director or authorised officer signature  OR  AUTHORISED REPRESENTATIVE DECLARATION  Complete this declaration if you are an authorised representation E.  I declare that:	ON: sentative of the superannuation full lied by the superannuation provide on provider that the information provider the provider that the information provider that the information provider the provider that the pr	Day / Month / Year 9/06/2017  and or other provider shown in  er.  rovided to me for the preparation of
Trustee, director or authorised officer signature  OR  AUTHORISED REPRESENTATIVE DECLARATION  Complete this declaration if you are an authorised repressection E.  I declare that: I have prepared the statement with the information support in the statement is true and correct.	ON: sentative of the superannuation full lied by the superannuation provide on provider that the information provider the provider that the information provider that the information provider the provider that the pr	Day / Month / Year 9/06/2017  and or other provider shown in  er.  rovided to me for the preparation of

Tax Agent number

Date

9/06/2017