

Rollover Benefit Statement

The original of this form has been sent to your rollover institution. Please keep this copy for your records.

SECTION A: RECEIVING FUND'S DETAILS	
Australian business number (ABN):	80571489523
Name:	Oldfield Capital Superannuation Fund
Address:	Level 34 AMP Centre 50 BRIDGE STREET CIRCULAR QUA
Unique Superannuation Identifier (USI) or	
Member client identifier:	Not Given
SECTION B: MEMBER DETAILS	
Tax file number:	672369198
Title:	
Family name:	Oldfield
Given name:	Anthony
Other given names:	Bernam
Postal address:	57 A NORTHCOTE ST AUBURN NSW 2144
Date of birth:	26/10/1958
Sex:	F X
Daytime phone number (include area code):	
Email address (if applicable):	
SECTION C: ROLLOVER TRANSACTION DETAILS	
1. Service period start date	01/06/1986
2. Tax components	
Tax - free component	0.00
KiwiSaver Tax-free component	0.00

SECTION C: ROLLOVER TRANSACTION DETAILS (CONT))
Taxable component	
☐ Element taxed in the fund, and	12,909.70
☐ Element untaxed in the fund	0.00
TOTAL Tax Components	12,909.70
3. Preservation amounts	
Preserved amount	12,909.70
KiwiSaver preserved amount	0.00
Restricted non-preserved amount	0.00
Unrestricted non-preserved amount	0.00
TOTAL Preservation Amounts	12,909.70
SECTION D: NON-COMPLYING FUNDS	
Contributions made to a non-complying fund on or after 10 May 2006	
SECTION E: TRANSFERRING FUND	
ABN:	76 514 770 399
Fund's name:	AMP Superannuation Limited
Contact name:	Pandurang Madane
Email address (if applicable):	
Daytime phone number (including area code):	131 267 (131 AMP)
SECTION F: DECLARATION	
I declare that:	
☐ I have prepared the statement with the information	supplied by the superannuation provider.
☐ I have received a declaration made by the superannu of this statement is true and correct.	uation provider that the information provided to me for the preparat
☐ I am authorised by the superannuation provider to g	give the information in the statement to the ATO.
Signature of authorised person:	Pandurang Madane
Date:	07/06/2017

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