



# Rollover benefits statement

## When to use this statement

**!** Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- you are paying a rollover superannuation benefit other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards
- you have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member
- you are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section **D** instead of section **C**).

**!** You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

## Completing this statement

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

**!** Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

## Section A: Receiving fund

**1 Australian business number (ABN)**

**2 Fund name**

MAJC SMSF PTY LTD as trustee for MAJC SMSF

**3 Postal address**

412 ocean beach road

Suburb/town/locality

umina beach

State/territory

Postcode

Country if other than Australia

**4 (a) Unique superannuation identifier (USI)**

**(b) Member client identifier**

## 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

! 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 \$  ,  ,  .

KiwiSaver tax-free component \$  ,  ,  .

Taxable component:

Element taxed in the fund \$  ,  ,  .

Element untaxed in the fund \$  ,  ,  .

Tax components TOTAL \$  ,  ,  .

! 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 \$    ,    1    5 ,    3    7 .    0   0

KiwiSaver preserved amount \$    ,    ,    .

Restricted non-preserved amount \$    ,    ,    .

Unrestricted non-preserved amount \$    ,    ,    .

Preservation amounts TOTAL \$    ,    1    5 ,    3    7 .    0   0

**!** 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.

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**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**

\$    ,    ,    .

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**Section E: Transferring fund**

**16 Fund ABN**   6   2   7   3   7   3   4   5   4   1   5

**17 Fund name**

**18 Contact name**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

**19 Daytime phone number** (include area code)

0   4   3   1   3   9   2   0   7   2

**20 Email address** (if applicable)

## Section F: Declaration

Complete the declaration that applies 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)

chris laina

Trustee, director or authorised officer signature



Date

Day Month Year  
13 / 07 / 2019

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)

Authorised representative signature

Date

Day Month Year  
□□ / □□ / □□□□

Tax agent number (if you are a registered tax agent)

□□□□□□ □□□

## Where to send this form

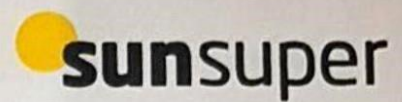
- ! Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in section **A** within seven days of paying the rollover
- provide a copy to the member in section **B** within 30 days of paying the rollover
- keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section **A**)
- use this form only to provide a statement to the member in section **B** within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.



Sunsuper Pty Ltd  
 30 Little Cribb Street Milton QLD 4064  
 GPO Box 2924 BRISBANE QLD 4001  
 ABN 88 010 720 840 ASFL No. 228975  
 MySuper Authorised 98 503 137 921 996

☎ 13 11 84  
 🌐 sunsuper.com.au  
 🐦 twitter.com/sunsuper  
 📘 facebook.com/sunsuper

22 July 2019

☎ 000043 000  
  
 0722000031  
 Miss Angelica Stevens  
 412 Ocean Beach Road  
 UMINA BEACH NSW 2257

Your member number  
 902055441

Dear Angelica,

## Request to rollover your Sunsuper benefit – confirmation of transfer

We'd like to confirm we've transferred your super benefit as requested.

An amount of \$75,840.70 has now been paid to MAJC SMSF.

We've enclosed a *Member benefit statement* and a *Rollover benefits statement* confirming the payment.

### You're welcome back anytime

It's easy to rejoin Sunsuper and start contributing again to a fund with low administration fees, solid investment performance and flexible insurance options.

Simply visit [sunsuper.com.au/join](http://sunsuper.com.au/join) to open a new account or contact us on **13 11 84** between 8.00am and 6.30pm AEST, Monday to Friday. We'll then be in touch with ways to get your super working harder for you.

Since joining Sunsuper, you've enjoyed the benefits of being a part of one of Australia's largest and fastest growing profit-for-members funds with great benefits including:

- **Low administration fees.** Sunsuper's administration fees are amongst the lowest and fairest you'll find, which means more money for you when you retire.
- **Strong performance.** Sunsuper has maintained strong investment performance over the long term.\*

Plus, we offer award winning retirement products to take you through retirement.

If you have any questions please visit [sunsuper.com.au](http://sunsuper.com.au) or call us on **13 11 84** between 8.00am and 6.30pm AEST, Monday to Friday.

Yours sincerely,

*Steve Davidson*

**Steve Davidson**  
 Executive General Manager, Customer Engagement



For ratings and awards information, visit [sunsuper.com.au/ratingsagencies](http://sunsuper.com.au/ratingsagencies)

C:\Mail>Returns\_Seal\_u30\_013RT\CAL\_B\000043\000295



**Section A: Receiving fund's details** - please state information below, if known.

Australian business number (ABN):86694089703

Unique Superannuation identifier (USI):

Name:MAJC SMSF

Member client identifier:A STEVENS

Postal address - Street address:412 Ocean Beach Road

Suburb/town/locality:UMINA BEACH

State/territory:NSW

Postcode:2257

**Section B: Members's details** - please state information below, if known.

Tax file number (TFN):341891889

**Full name:**

Title:Miss

Family name:Stevens

First given name:Angelica

Other given names:

Postal address - Street address:412 Ocean Beach Road

Suburb/town/locality:UMINA BEACH

State/territory:NSW

Postcode:2257

Date of birth:17/10/1983

Sex:Female

Daytime phone number (include area code):

Email address (if applicable):  
astevens710@gmail.com

**Section C: Rollover transaction details**

Service period start date:01/06/2002

**Tax components:**

Tax-free component: \$ 7,362.64

KiwiSaver tax-free component: \$ 0.00

**Taxable component:**

Element taxed in the fund: \$ 68,478.06

Element untaxed in the fund: \$ 0.00

**Total Tax components: \$ 75,840.70**

**Preservation amounts:**

Preserved amount: \$ 75,840.70

KiwiSaver preserved amount: \$ 0.00

Restricted non-preserved amount: \$ 0.00

Unrestricted non-preserved amount: \$ 0.00

**Total preservation amounts: \$ 75,840.70**

**Section D: Non-complying fund** - only complete if you're a trustee of a non-complying fund.

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

**Section E: Declaration**

Fund's ABN:98 503 137 921

Fund's name:Sunsuper

Contact name Steve Davidson

Email address (if applicable):

Daytime phone number (including area code):13 11 84

Signature of authorised person:

*Steve Davidson*

Date:22/07/2019

You do not need to send a copy of this statement to the Australian Taxation Office, however, you must keep a copy for your records for a period of five years.



Super-savings Member benefit statement at 22 July 2019

Miss Angelica Stevens

Member Number: 902055441

Your benefit summary

Taxation	
Benefit rolled over	\$75,840.70
<b>Gross benefit paid</b>	<b>\$75,840.70</b>
Tax	\$0.00
<b>Net benefit paid</b>	<b>\$75,840.70</b>

Account summary

<b>Opening balance at 1 July 2018</b>	<b>\$62,164.22</b>
Contributions	\$12,472.04
Employer compulsory contributions	\$12,472.04
Voluntary contributions (after-tax)	\$0.00
Government co-contributions	\$0.00
Low income superannuation tax offset	\$0.00
Salary sacrifice (before-tax)	\$0.00
Other contributions	\$0.00
Net investment earnings	\$3,071.81
Transfers and roll-ins received	\$319.58
Insurance proceeds	\$0.00
Fees (if any)	-\$155.13
Insurance premiums	-\$216.80
Tax	-\$1,815.02
Withdrawals and transfers-out to other funds	-\$75,840.70
<b>Closing balance at 22 July 2019</b>	<b>\$0.00</b>
Benefit paid at 22 July 2019	\$75,840.70

The amounts above are before tax unless otherwise stated.



23 July 2019



Mr Kevin Dan  
53 Alexander Street  
ALEXANDRIA NSW 2015

FirstChoice Wholesale Personal Super  
Account number: 0110 3300 5246

**Your rollover has been completed**

Dear Mr Dan

We enclose the following information for your records:

- A statement confirming the details of your rollover
- A rollover advice statement which was also sent to your nominated fund(s)

From listening to our investors we know that superannuation can be complex and confusing, so we have put together an information sheet to help you. It outlines some implications of withdrawing from super that you may not be aware of. To get a copy of 'Things to watch for when you withdraw funds or rollover' please call us or download a copy from our website [colonialfirststate.com.au](http://colonialfirststate.com.au).

**Need more information?**

If you would like to discuss this, please contact your financial adviser or call us on 13 13 36, Monday to Friday, 8am to 7pm, Sydney time.

Yours sincerely

**Scott Henricks**  
General Manager Client Operations



**ROLLOVER CONFIRMATION**  
**Colonial First State FirstChoice Wholesale Personal Super**

Mr Kevin Dan

Account number: 0110 3300 5246

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**Rollover summary**

Date of rollover 22 July 2019  
Rollover amount \$170,000.00  
**Rollover amount \$170,000.00**

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**Investment option details**

Investment option	Units withdrawn	Unit price \$	Refund amount \$	Withdrawal amount \$
FirstChoice Wsale Mi High Grth	64,494.1007	2.6359	\$0.00	\$170,000.00
<b>Total rollover amount</b>				<b>\$170,000.00</b>

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**Tax details**

The tax components of your rollover were:

Tax free	\$91.80
Taxable	\$169,908.20
<b>Total</b>	<b>\$170,000.00</b>

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**Current investment summary as at 22 July 2019\***

Investment option	Unit balance	Unit price \$	Current value \$
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FirstChoice Wsale MI	1,858.2045	2.6359	\$4,898.04
<b>Total investment value</b>			<b>\$4,898.04</b>

\*The account balance may vary if more than one transaction occurred on the effective date.  
Change of details to your account may also vary where more than one change was made on the day.

### Non-lapsing death benefit nomination

Your nomination details tell us who you would like to receive your investment in the event of your death.

Person nominated	Date of birth (of nominee)	Relationship	Percentage of benefit (%)
Thi Ngoc Ly Dan	3 February 1981	Spouse	100.00%

Please note this nomination remains in force unless you revoke or make a new nomination in writing by completing a new Non-Lapsing Death Benefit Nomination Form. You should regularly review your nomination(s) to ensure it accurately reflects your wishes and your personal circumstances.

**Tax File Number**      Supplied

### Future investment selection details

The investment allocation shown below will be used for all future transactions unless you tell us otherwise. This means any additional contributions you make to your account will be invested in line with the allocation outlined below.

Investment option(s)	% Allocation
FirstChoice MI Hg Gt	100.00

If your account includes a suspended, restricted or unavailable option, we will invest that allocation into an alternative option.

Certain options are excluded from your **future investment selection**. For further information please refer to the 'Other information you need to know' section of the Product Disclosure Statement available on our website, contact us or speak to your financial adviser.

To change your future investment selection, please log in to FirstNet and select Investment allocation or call us. We recommend you speak to your financial adviser before making any changes to your account.

# Rollover Benefit Statement

Individual's copy

t0001297h-9539413-0000097

## SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

**412 Ocean Beach Rd**  
**UMINA BEACH NSW 2257**

Unique Superannuation Identifier (USI):

Member client identifier:

## SECTION B: MEMBER'S DETAILS

Tax file number (TFN):

Title:  Family name:

Given name:

Other given names:

Residential address:

Suburb/town:  State/territory:  Postcode:

Country if other than Australia:

Date of birth:  Sex (M/F):

Daytime phone number (including area code):

Email address (if applicable):

## SECTION C: DEATH BENEFIT ROLLOVER TRANSACTION DETAILS

Income stream taxation indicator:

TFN of deceased member:

Full name of deceased member:

Title:  Family name:

First given name:

Other given names:

Date of birth of deceased member:

Service period start date:

Tax components:		Preservation amounts:	
Tax-free component	<input type="text" value="\$91.80"/>	Preserved amount	<input type="text" value="\$170,000.00"/>
KiwiSaver Tax-free component	<input type="text" value="\$0.00"/>	KiwiSaver preserved amount	<input type="text" value="\$0.00"/>
Taxable component		Restricted non-preserved amount	<input type="text" value="\$0.00"/>
▪ Element taxed in the fund, and	<input type="text" value="\$169,908.20"/>	Unrestricted non-preserved amount	<input type="text" value="\$0.00"/>
▪ Element untaxed in the fund	<input type="text" value="\$0.00"/>	TOTAL Preservation Amounts	<input type="text" value="\$170,000.00"/>
TOTAL Tax Components	<input type="text" value="\$170,000.00"/>		

## SECTION D: DEPENDENT CHILD DEATH BENEFIT ROLLOVER DETAILS

Value of interest at member's death:

Retirement phase:

Accumulation phase:

% share of above for this dependant

**SECTION E: TRANSFERRING FUND**

ABN:

Fund's name:

Contact name:

Telephone no:

**SECTION F: DECLARATION**

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

Name:

Signature of authorised person:

Date:

# Rollover Benefit Statement

Roll-over fund copy

t0001297h-9539413-0000097

## SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

Unique Superannuation Identifier (USI):   
Member client identifier:

## SECTION B: MEMBER'S DETAILS

Tax file number (TFN):   
Title:  Family name:   
Given name:   
Other given names:   
Residential address:   
Suburb/town:  State/territory:  Postcode:   
Country if other than Australia:   
Date of birth:  Sex (M/F):   
Daytime phone number (including area code):   
Email address (if applicable):

## SECTION C: DEATH BENEFIT ROLLOVER TRANSACTION DETAILS

Income stream taxation indicator:   
TFN of deceased member:   
Full name of deceased member:  
Title:  Family name:   
First given name:   
Other given names:   
Date of birth of deceased member:   
Service period start date:   
Tax components: 

Tax-free component	<input type="text" value="\$91.80"/>
KiwiSaver Tax-free component	<input type="text" value="\$0.00"/>
Taxable component	
▪ Element taxed in the fund, and	<input type="text" value="\$169,908.20"/>
▪ Element untaxed in the fund	<input type="text" value="\$0.00"/>
TOTAL Tax Components	<input type="text" value="\$170,000.00"/>

  
Preservation amounts: 

Preserved amount	<input type="text" value="\$170,000.00"/>
KiwiSaver preserved amount	<input type="text" value="\$0.00"/>
Restricted non-preserved amount	<input type="text" value="\$0.00"/>
Unrestricted non-preserved amount	<input type="text" value="\$0.00"/>
TOTAL Preservation Amounts	<input type="text" value="\$170,000.00"/>

## SECTION D: DEPENDENT CHILD DEATH BENEFIT ROLLOVER DETAILS

Value of interest at member's death:   
Retirement phase:   
Accumulation phase:   
% share of above for this dependant

**SECTION E: TRANSFERRING FUND**

ABN:

Fund's name:

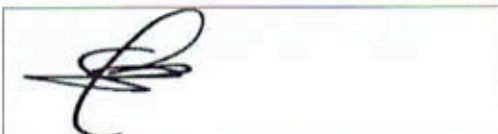
Contact name:

Telephone no:

**SECTION F: DECLARATION**

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

Name:

Signature of authorised person: 

Date:

01 August 2019

**Private and Confidential**

Mr Jonas Cruz  
41 Marulan Way  
PRESTONS NSW 2170

**Your rollover out**

Dear Jonas,

**ING Living Super**  
**Account Number 074046**

We are writing to confirm the processing of your rollover request.

The details of your rollover are as follows:

Your rollover was processed and an amount of \$121,000.00 has been forwarded to The Trustee for MAJC SMSF.

- A Rollover Benefits statement is enclosed

**We're here to help**

For help or more information if you need it, visit [ing.com.au](http://ing.com.au) or contact us on **133 464** from 8am - 8pm Monday to Friday (AEST/AEDT), or speak with your financial adviser.

The ING Team

**Things you should know:**

This information was prepared and sent on behalf of Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635, the Trustee of the ING Superannuation Fund ABN 13 355 603 448 (Fund) and the issuer of interests in the Fund. ING Living Super is a product issued out of the Fund. ING, a business name of ING Bank (Australia) Limited ABN 24 000 893 292, AFSL 229823, is the Promoter of the Fund.

# Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit, other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

## SECTION A: Receiving Fund

Australian business number (ABN) : 86 694-089-703  
Fund Name : The Trustee for MAJC SMSF  
Postal Address : 412 Ocean Beach Rd  
Suburb/town/locality : UMINA BEACH  
State/territory : NSW  
Postcode : 2257  
Country :  
(a) Unique superannuation identifier :  
(b) Member client identifier :

## SECTION B: Member's Details

Tax File Number(TFN) : TFN Provided  
Full Name :  
Title : Mr  
Family Name : Cruz  
First Given Name : Jonas  
Other Given Name(s) :  
Residential Address : 41 MARULAN WAY  
Suburb/town/locality : PRESTONS  
State/territory : NSW  
Postcode : 2170  
Country :  
Date of Birth : 16 / 04 / 1982  
Sex : Male  
Daytime phone number : 0298269126  
Email address (if applicable) : jonas.cruz@newellco.com

## SECTION C: Rollover Transaction Details

Service period start date : 02 / 04 / 2002

### Tax Components

Tax-free component	\$	0.00
KiwiSaver tax-free component	\$	0.00
Taxable component		
Element taxed in the fund	\$	121,000.00
Element untaxed in the fund	\$	0.00

**Tax components TOTAL** \$ 121,000.00

### Preservation amounts

Preserved amount	\$	121,000.00
KiwiSaver preserved component	\$	0.00
Restricted non-preserved amount	\$	0.00
Unrestricted non-preserved amount	\$	0.00

**Preservation amounts TOTAL** \$ 121,000.00



## SECTION D: Non-complying funds

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

\$ 0.00

## SECTION E: Transferring Fund

Fund ABN : 13 355 603 448  
Fund name : ING SUPERANNUATION FUND  
Contact name : GRANT TYNDALL  
Daytime phone number : 133464  
Email address : INGDSuper@financialsynergy.com.au

## SECTION F: Declaration

### 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 : GRANT TYNDALL

Authorised representative signature : Date: 01 August 2019

Tax agent number (if you are a registered tax agent)

## Where to send this form

Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.