Original - Send to rollover fund within 7 days of payment

Section 1 - Receivi	ng fund details	3			THIS FORM DOES NOT HA		
NGS Super							3 549 180 515
			Unio	jue S	Superannuation Identifier (US	I) 73	3549180515701
			Me	embe	er Client Identifier 50000180	8	
Section 2 - Individu	ual's details						
Individual's full name	e Mr	Surname or	r family na	ame	Morris		
Title First given name	Gordon						
Other given names							
Address	10 Narwee A	Avenue					
	NARWEE N	ISW 2209					
			Email jg	ibbo	on@bigpond.net.au F	Ph (0	02) 9987 1958
Date of Birth	28/08/1959	Sex	M		Tax File Number (if required or permitted by	1	33-727-876
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll-over fund.					F	Ph	
Section 3 - Roll-ov	er payment det	ails		E	ligible Service Period		
Components					ate started		18/11/2002
Tax-free component			\$0.00	Р	reservation amounts of the R	oll-o	ver payment
KiwiSaver tax-free co	mponent		\$0.00	P	reserved amount		\$341,635.13
Taxable component				K	iwiSaver preserved amount		\$0.00
Element taxed in the	fund	\$341	,635.13	R	estricted Non-Preserved		\$0.00
Element untaxed in t	he fund		\$0.00	U	nrestricted Non-Preserved		\$0.00
Tax componer	nts TOTAL	\$341,63			ervation amounts TOTAL		\$341,635.13
Section 4 - Non-co	mplvina Funds	1					
Contributions made			or after	10 M	ay 2006		
				\$0	.00		
Section 5 - Transfe	erring fund deta	ails			Payer ABN	68	019 062 427
Payer's Name	Narwee Avenue	Super Fur	nd		.,		
Contact Name	Mr Gordon Mori	ris		En	nail jgibbon@bigpond.net.au Ph	(02)	9987 1958

Original - Send to rollover fund within 7 days of payment

Section 6 - Declaration			
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION			
I declare that the information contained in this statement is true and correct.			
Name			
Mr Gordon Morris			
Trustee, director or officer signature			
	Date:	/ /	/ 20
OR			
AUTHORISED REPRESENTATIVE DECLARATION			
I declare that: - I have prepared the statement with the information supplied by the supera I have received a declaration made by the superannuation provider that the preparation of this statement is true and correct - I am authorised by the superannuation provider to give information in the	he information pr	ovided to m	e for the
Name			
Mr Gordon Morris			
Authorised representative signature			

Where to send this form

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

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

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

If the rollover 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 1)

Date:

/ 20

- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiv	ing fund details	\$			THIS FORM DOE:			
NGS Super							73 549 180 515	
			Ur	nique S	uperannuation Ider	ntifier (USI)	73549180515701	
			r	Membe	r Client Identifier 5	500001808	3	
Section 2 - Individ	ual's details							
Individual's full nam	e Mr	Surname o	r family	name	Morris			
First given name	Gordon							
Other given names								
Address	10 Narwee	Avenue						
	NARWEE N	NSW 2209						
			Email	jgibbo	n@bigpond.net.au	Р	h (02) 9987 1958	
Date of Birth	28/08/1959	Sex	М		Tax File Number (if required or pern	nitted by	133-727-876	
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll-over fund.						P	h	
Section 3 - Roll-ov	er payment de	tails		EI	igible Service Perio	d		
Components				Da	ate started		18/11/2002	
Tax-free component			\$0.0	0 P r	eservation amount	s of the Ro	II-over payment	
KiwiSaver tax-free co	mponent		\$0.0	0 Pr	eserved amount		\$341,635.13	
Taxable component				Ki	wiSaver preserved a	mount	\$0.00	
Element taxed in the	fund	\$341	,635.1	3 R	estricted Non-Preser	ved	\$0.00	
Element untaxed in t	he fund		\$0.0	0 Ur	nrestricted Non-Prese	erved	\$0.00	
Tax componer	nts TOTAL	\$341,63			rvation amounts TO		\$341,635.13	
Section 4 - Non-co	mplying Funds	5						
Contributions made	to a non-comply	ing fund on	or afte	er 10 Ma	ay 2006			
				\$0.	00			
Section 5 - Transfe	erring fund det	ails			Pav	yer ABN	68 019 062 427	
Payer's Name	Narwee Avenue	e Super Fui	nd					
Contact Name	Mr Gordon Mor	ris		Em	ail jgibbon@bigpond.r	net.au Ph	(02) 9987 1958	

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration			
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION			
I declare that the information contained in this statement is true and correct.			
Name			
Mr Gordon Morris			
Trustee, director or officer signature			
	Date:	/	/ 20
OR			
AUTHORISED REPRESENTATIVE DECLARATION			
I declare that: - I have prepared the statement with the information supplied by the superannua - I have received a declaration made by the superannuation provider that the information of this statement is true and correct - I am authorised by the superannuation provider to give information in the stater	ormation	provided t	o me for the
Name			
Mr Gordon Morris			
Authorised representative signature			
]		

Where to send this form

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

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

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

If the rollover standards $\mbox{\bf do apply}\mbox{to}$ 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 1)

Date:

/ 20

- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Triplicate - Keep for your fund records

Section 1 - Receiving fund details				_	THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN				
NGS Super							549 180 515		
				Unique	Superannuation Identifier (US	73	549180515701		
				Mem	ber Client Identifier 50000180)8			
Section 2 - Individ	ual's details								
Individual's full name	e Mr	Surnam	ne or far	mily nam	e Morris				
Title First given name	Gordon								
Other given names									
Address	10 Narwee	Avenue							
	NARWEE		209						
	10.000			nail igibk	oon@bigpond.net.au	Ph (0	2) 9987 1958		
Data of Bloth	00/00/4050				☐ Tax File Number	È	,		
Date of Birth	28/08/1959	5	ex	M	if required or permitted by	1,	33-727-876		
Name and Address of authorised agent or advisor (if any) Must be authorised to receive information about this roll-over from the roll-over fund.						Ph			
Section 3 - Roll-ov	er payment de	etails			Eligible Service Period				
Components					Date started		18/11/2002		
Tax-free component			\$	0.00	Preservation amounts of the R	loll-ov			
KiwiSaver tax-free co	mponent		\$	0.00	Preserved amount		\$341,635.13		
Taxable component					KiwiSaver preserved amount		\$0.00		
Element taxed in the		\$	341,63	5.13	Restricted Non-Preserved		\$0.00		
Element untaxed in t	he fund		\$	0.00	Unrestricted Non-Preserved		\$0.00		
Tax componer	nts TOTAL	\$341	,635.1		servation amounts TOTAL AMOUNTS MUST BE EQUAL		\$341,635.13		
Section 4 - Non-co	mplying Fund	s							
Contributions made			d on or	after 10	May 2006				
				Φ.	0.00				
Section 5 - Transfe	erring fund det	tails		Ψ	Payer ABN	68	019 062 427		
	Narwee Avenu		Fund		. 4,0. 1511				
-	Mr Gordon Mo	•		E	Email jgibbon@bigpond.net.au Ph	(02)	9987 1958		

Triplicate - Keep for your fund records

)		70					-	
_	മറ	tı	on	110		lara	тт.	77
•	- 10	ш			 4-1-1			,,,

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

N	а	m	e

Mr Gordon Morris				
Trustee, director or officer signature				
	Date:	/	/ 20	
OR				
AUTHORIOTO DEPOSEDENTATIVE DEGLADATION				

AUTHORISED REPRESENTATIVE 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 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 information in the statement to the ATO

Name				
Mr Gordon Morris				
Authorised representative signature				
	Date:	/	/ 20	
	Date.		7 20	
Tax agent number (if you are a registered tax agent)				

Where to send this form

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

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover standards do applyto 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 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.