

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

NGS Super	Payee ABN 73 549 180 515
	Unique Superannuation Identifier (USI) 73549180515701
	Member Client Identifier 500001808

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Morris
Title			
First given name	Gordon		
Other given names			
Address	10 Narwee Avenue		
	NARWEE NSW 2209		
	Email jgibbon@bigpond.net.au		Ph (02) 9987 1958
Date of Birth	28/08/1959	Sex	M
		Tax File Number (if required or permitted by)	133-727-876
Name and Address of authorised agent or advisor (if any)			
<small>Must be authorised to receive information about this roll-over from the roll-over fund.</small>			
	Ph		

Section 3 - Roll-over payment details

Eligible Service Period

Components	Date started
Tax-free component	18/11/2002
KiwiSaver tax-free component	
	Preservation amounts of the Roll-over payment
Taxable component	Preserved amount
Element taxed in the fund	\$341,635.13
Element untaxed in the fund	\$0.00
	KiwiSaver preserved amount
	\$0.00
	Restricted Non-Preserved
	\$0.00
	Unrestricted Non-Preserved
	\$0.00

Tax components TOTAL	\$341,635.13	Preservation amounts TOTAL	\$341,635.13
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BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 68 019 062 427

Payer's Name	Narwee Avenue Super Fund		
Contact Name	Mr Gordon Morris	Email jgibbon@bigpond.net.au	Ph (02) 9987 1958

Rollover Benefit Statement

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 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

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 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)
- 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.

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiving fund details

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN

NGS Super		Payee ABN	73 549 180 515
		Unique Superannuation Identifier (USI)	73549180515701
		Member Client Identifier	500001808

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Morris		
Title					
First given name	Gordon				
Other given names					
Address	10 Narwee Avenue				
	NARWEE NSW 2209				
	Email jgibbon@bigpond.net.au			Ph (02) 9987 1958	
Date of Birth	28/08/1959	Sex	M	Tax File Number (if required or permitted by)	133-727-876
Name and Address of authorised agent or advisor (if any)					
<small>Must be authorised to receive information about this roll-over from the roll-over fund.</small>					
					Ph

Section 3 - Roll-over payment details

Eligible Service Period

Components		Date started	18/11/2002
Tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
KiwiSaver tax-free component	\$0.00	Preserved amount	\$341,635.13
Taxable component		KiwiSaver preserved amount	\$0.00
Element taxed in the fund	\$341,635.13	Restricted Non-Preserved	\$0.00
Element untaxed in the fund	\$0.00	Unrestricted Non-Preserved	\$0.00

Tax components TOTAL	\$341,635.13	Preservation amounts TOTAL	\$341,635.13
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BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 68 019 062 427

Payer's Name	Narwee Avenue Super Fund		
Contact Name	Mr Gordon Morris	Email	jgibbon@bigpond.net.au Ph (02) 9987 1958

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration

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Name

Mr Gordon Morris

Authorised representative signature

Date: / / 20

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

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Rollover Benefit Statement

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	Payee ABN	73 549 180 515
	Unique Superannuation Identifier (USI)	73549180515701
	Member Client Identifier	500001808

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Individual's full name	Mr	Surname or family name	Morris
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Date of Birth	28/08/1959	Sex	M
		Tax File Number (if required or permitted 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.			
	Ph		

Section 3 - Roll-over payment details

Components		Eligible Service Period	
Tax-free component	\$0.00	Date started	18/11/2002
KiwiSaver tax-free component	\$0.00	Preservation amounts of the Roll-over payment	
Taxable component		Preserved amount	\$341,635.13
Element taxed in the fund	\$341,635.13	KiwiSaver preserved amount	\$0.00
Element untaxed in the fund	\$0.00	Restricted Non-Preserved	\$0.00
		Unrestricted Non-Preserved	\$0.00

Tax components TOTAL \$341,635.13 Preservation amounts TOTAL \$341,635.13

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

	Payer ABN	68 019 062 427
Payer's Name	Narwee Avenue Super Fund	
Contact Name	Mr Gordon Morris	Email jgibbon@bigpond.net.au Ph (02) 9987 1958

Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 6 - Declaration

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