

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN) 82 611 471 585

2 Fund name
The Trustee for BUCHANAN SUPER FUND

3 Postal address
PO Box 53

Suburb/town/locality RED HILL State/territory QLD Postcode 4059

Country if outside Australia

4 (a) Unique Superannuation Identifier (USI)

(b) Member Client Identifier Bernice Woods

Section B: Member details

5 Tax file number (TFN) 127 147 003

6 Full name
Title Ms
Family name Woods
First given name Bernice Other given names Mary

7 Residential address
Street address
151 North Creek Road

Suburb/town/locality LENNOX HEAD State/territory NSW Postcode 2478

Country if outside Australia

8 Date of birth 19/01/1959

9 Sex Male Female ☒

10 Daytime phone number (include area Code)

11 Email address (if applicable)
bernice.m.woods@gmail.com

Section C: Rollover transaction details

12	Service period start date	Day/Month/Year 20/09/1993
13	Tax components:	
	Tax-free component	\$ 6,429.10
	KiwiSaver tax-free component	\$ 0.00
	Taxable component:	
	Element taxed in the fund	\$ 136,184.26
	Element untaxed in the fund	\$ 0.00
	TOTAL Tax components	\$ 142,613.36
14	Preservation amounts:	
	Preserved amount	\$ 142,459.62
	KiwiSaver preserved amount	\$ 0.00
	Restricted non-preserved amount	\$ 0.00
	Unrestricted non-preserved amount	\$ 153.74
	TOTAL Preservation amounts	\$ 142,613.36

Section D: Non-complying funds

15	Contributions made to a non-complying fund on or after 10 May 2006	\$ 0.00
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Section E: Transferring fund

16	Fund's ABN	65 714 394 898
17	Fund's name	AustralianSuper
18	Contact name	AustralianSuper Contact Centre
19	Daytime phone number (include area Code)	1300 300 273
20	Email address (if applicable)	email@australiansuper.com

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

JOE NEKIC

Authorised representative signature

JOE NEKIC

Day / Month / Year

Date

09/10/2018