



22 October 2019



Natm Smsf
Unit 2 278 Beaufort St
PERTH WA 6000

Your contacts

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AMP Life Limited
PO Box 300 PARRAMATTA NSW 2124

Your details

ACCOUNT NAME
Neil Andrew Hawgood
PLAN NUMBER **REQUEST ID**
QA0018871E 1043075935

Dear Sir/Madam,

Your plan has been cancelled

The information below relates to a payment from AMPAK Personal Super Plan QA0018871E in the name of Neil Andrew Hawgood.

Payment method	Payment details	Member number	Payment amount \$
Bank account (EFT)	Bank: Macquarie Bank BSB: 182-152 Account number: *****4164 Account name: NATM SMSF	N A HAWGOOD	95,000.00

Enclosed documents

For taxation purposes, we have enclosed your:

- Rollover Benefit Statement.

Please keep these documents handy for your tax return.

We're here to help

Thank you for choosing AMP to help you own your tomorrow. If you have any questions, please contact us.

Yours sincerely,

Megan Beer
CEO, AMP Life

What you need to know

This document does not take into account your financial situation, objectives and needs. It is important you consider these matters before making any investment decision based on the information contained in this document.

Any advice in this document is provided by AMP Superannuation Limited (ASL), ABN 31 008 414 104, AFSL No. 233060, which is part of the AMP group of companies.

ASL is the trustee of the AMP Superannuation Savings Trust, ABN 76 514 770 399, of which your account is a part.



Rollover Benefit Statement

Individual's copy

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):	<input type="text" value="77270768439"/>
Name:	<input type="text" value="NATM SMSF"/>
Address:	<input type="text" value="Unit 2 278 BEAUFORT ST
PERTH WA 6000"/>
Unique Superannuation Identifier (USI):	<input type="text"/>
or	
Member client identifier:	<input type="text" value="N A HAWGOOD"/>

SECTION B: MEMBER DETAILS

Tax file number:	<input type="text" value="488 - 031 - 692"/>
Title:	<input type="text" value="MR"/>
Family name:	<input type="text" value="HAWGOOD"/>
Given name:	<input type="text" value="NEIL ANDREW"/>
Other given names:	<input type="text"/>
Postal address:	<input type="text" value="1 WANDARRA CL
KARAWARA WA 6152"/>
Date of birth:	<input type="text" value="12/07/1962"/>
Sex:	F <input type="checkbox"/> M <input checked="" type="checkbox"/>
Daytime phone number (include area code):	<input type="text" value="0421 451 549"/>
Email address (if applicable):	<input type="text" value="N/A"/>

SECTION C: ROLLOVER TRANSACTION DETAILS

1. Service period start date	<input type="text" value="24/07/1990"/>
2. Tax components	
• Tax - free component	<input type="text" value="53,100.92"/>
• KiwiSaver Tax-free component	<input type="text" value="0.00"/>

SECTION C: ROLLOVER TRANSACTION DETAILS (CONT)

- Taxable component
 - Element taxed in the fund, and
 - Element untaxed in the fund

TOTAL Tax Components

3. Preservation amounts

- Preserved amount
- KiwiSaver preserved amount
- Restricted non-preserved amount
- Unrestricted non-preserved amount

TOTAL Preservation Amounts \$

SECTION D: NON-COMPLYING FUNDS

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

SECTION E: TRANSFERRING FUND

Fund's ABN:

Fund's name:

Contact name:

Email address (if applicable):

Daytime phone number (including area code):

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 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.

Signature of authorised person:

Date:



Rollover Benefit Statement

Rollover fund copy

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