

# Rollover benefits statement

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## Section A: Receiving fund

1 Australian business number (ABN)

2 Fund Name

Self Managed Super Fund

3 Postal address

Street address

Unit 1202 225 ELIZABETH ST

Suburb/town/locality

MELBOURNE

State/territory

VIC

Postcode

3000

Country if other than Australia

4a Unique Superannuation Identifier (USI)

4b Member client identifier

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## Section B: Member's details

5 Tax file number (TFN)

XXX-XXX-XXX

6 Full name

Title

Mr

Family name

Davey

First given name

Bruce

Other given names

7 Residential address

Street address

1202/225 Elizabeth Street

Suburb/town/locality

Melbourne

State/territory

VIC

Postcode

3000

Country

8 Date of birth

Day / Month / Year

26/02/1974

9 Sex

M

10 Daytime phone number

## 11 Email address

bdavey@fastmail.fm

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## Section C: Rollover transaction details

	Day / Month / Year
<b>12 Service period start date</b>	1/01/1995
<b>13 Tax components</b>	
Tax-free component	\$243,859.25
KiwiSaver Tax-free component	\$0.00
Taxable component :	
Element taxed in the fund	\$809,354.47
Element untaxed in the fund	\$0.00
<b>TOTAL Tax Components</b>	<b>\$1,053,213.72</b>
<b>14 Preservation amounts</b>	
Preserved amount	\$1,053,105.76
KiwiSaver preserved amount	\$0.00
Restricted non-preserved amount	\$0.00
Unrestricted non-preserved amount	\$107.96
<b>TOTAL Preservation Amounts</b>	<b>\$1,053,213.72</b>

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## 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

92381911598

### 17 Fund's name

WEALTH PERSONAL SUPERANNUATION AND PENSION FUND

### 18 Contact name

Title

Family name

Vaid

First given name

Steve

Other given names

**19 Email address**

north@amp.com.au

**20 Daytime phone number**

1800 667 841

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**Section F: 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)**

STEVE VAID

**Trustee, director or authorised officer signature**

*Steve Vaid*

Date

Day / Month / Year

18/06/2021