

3 January 2020

**Private & Confidential**

MJM SUPER FUND  
C/- Proplus Super  
PO BOX 1839  
BROADBEACH QLD 4218

**Rollover from GuildSuper  
by Mr Mark James Minahan**

Dear Sir/Madam

The above member's entitlement will be rolled over to your organisation. We have enclosed the following documents:

- A Rollover Benefits Statement.

Mr Minahan can be contacted at the following address:

C/-Proplus Super PO Box 1839  
BROADBEACH QLD 4218

If you have any questions or need any assistance, please call us on 1300 361 477 and a team member will help you.

Yours sincerely

**The team at GuildSuper**

Helpline: 1300 361 477

Website: [guildsuper.com.au](http://guildsuper.com.au)





# Rollover benefits statement

## Section A: Receiving fund

### Name and Postal Address

MJM SUPER FUND  
C/- Proplus Super  
PO BOX 1839  
BROADBEACH QLD 4218

### Australian Business Number (ABN)

87428178231

### Unique superannuation identifier (USI)

### Member client identifier

SMSF1

## Section B: Member's details

Tax File Number (TFN) 332958347

### Full Name

Family Name Minahan

First Given Name Mark

Other Given Names James

### Residential Address

Street Address 2 Antigoni Ct

Suburb/Town/Locality

WARRANTDYTE

State VIC

Postcode 3113

Country

Date of Birth 30/04/1972

Email Address mark\_minahan@hotmail.com

Daytime phone number 03 9852 1044

### Sex

Male X

Female

## Section C: Rollover transaction details

Service period start date 3 December 1996

### Tax components:

Tax-free component \$0.00

KiwiSaver tax-free component \$0.00

### Taxable component:

Element taxed in the fund \$302,256.67

Element untaxed in the fund \$0.00

**Total \$302,256.67**

### Preservation Amounts:

Preserved amount \$302,256.67

KiwiSaver preserved amount \$0.00

Restricted non-preserved \$0.00

Unrestricted non-preserved \$0.00

**Total \$302,256.67**

## 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 22599554834

Fund's name GuildSuper

Contact name Member Services

Email address

--

Daytime phone number

1300 361 477

---

---

## Section F: **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 the information in the statement to the ATO

Name

Cambell Holt

Authorised representative signature

*Cambell Holt*

Date

3 January 2020