

Rollover Benefits Statement

Complete this form if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

SECTION A: Receiving Fund

Australian business number (ABN) : 86 364-988-986
Fund Name : REGAN AND ROSS SUPERFUND
Postal Address : 194 QUINNS HILL ROAD W
Suburb/town/locality : STAPYLTON
State/territory : QLD
Postcode : 4207
Country :
(a) Unique superannuation identifier :
(b) Member client identifier :

SECTION B: Member's Details

Tax File Number(TFN) : 410 866 696
Full Name :
Title : Miss
Family Name : JOHNSON
First Given Name : Regan
Other Given Name(s) : Jenaya
Residential Address : 194 QUINNS HILL ROAD WEST
Suburb/town/locality : STAPYLTON
State/territory : QLD
Postcode : 4207
Country :
Date of Birth : 04 / 07 / 1978
Sex : Female
Daytime phone number :
Email address (if applicable) : regan1978@gmail.com

SECTION C: Rollover Transaction Details

Service period start date	13 / 01 / 2001
Tax Components	
Tax-free component	\$ 158.81
KiwiSaver tax-free component	\$ 0.00
Taxable component	
Element taxed in the fund	\$ 2,382.67
Element untaxed in the fund	\$ 0.00
Tax components TOTAL	\$ 2,541.48
Preservation amounts	
Preserved amount	\$ 2,541.48
KiwiSaver preserved component	\$ 0.00
Restricted non-preserved amount	\$ 0.00
Unrestricted non-preserved amount	\$ 0.00
Preservation amounts TOTAL	\$ 2,541.48

SECTION D: Non-complying funds

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

\$ 0.00

SECTION E: Transferring Fund

Fund ABN : 60 905 115 063
Fund name : QSUPER ACCUMULATION ACCOUNT
Contact name : MEMBER SERVICES
Daytime phone number : 1300360750
Email address : QSUPER.ATOREPORTING@QSUPER.

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 : NEIL SHEPPARD

Authorised representative signature : NEIL SHEPPARD

Date: 26 September 2018

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

Where to send this form

Do not send this form to the ATO

If the rollover data standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in Section A within seven days of paying them the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for a period of five years

If the rollover data 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 A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.