

## Rollover benefits statement

### Section A: Receiving fund

Australian business number (ABN)

86364988986

Fund name

Regan and Ross Superfund

Postal address

194 Quinns Hill Rd West

Suburb/town

STAPYLTON

State/territory

QLD

Postcode

4207

Country if other than Australia

Unique superannuation identifier (USI)

Member client identifier

001

### Section B: Member's details

Tax file number (TFN)

202150780

Full name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Caruso

First given name

Ross

Other given names

Clifford

Residential address

194 Quinns Hill Rd West

Suburb/town

Stapylton

State/territory

QLD

Postcode

4207

Country if other than Australia

Day Month Year

Date of birth

01 November 1977

Sex

Male ☒

Female ☐

Daytime phone number (include area code)

0413297195

Email address (if applicable)

rosscaruso@msn.com

## Section C: Rollover transaction details

Day Month Year

Service period start date

19 January 1994

### Tax components

Tax-free component \$ \$726.93

KiwiSaver Tax-free component \$ \$0.00

Taxable component:

Element taxed in the fund \$ \$8,387.49

Element untaxed in the fund \$ \$0.00

Tax components TOTAL \$ \$9,114.42

### Preservation amounts

Preserved amount \$ \$9,114.42

KiwiSaver Preserved amount \$ \$0.00

Restricted non-preserved amount \$ \$0.00

Unrestricted non-preserved amount \$ \$0.00

Preservation amounts TOTAL \$ \$9,114.42

## 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

**23053121564**

Fund name

**LGIAsuper**

Contact name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Contact name

**PETER CHARLES GAMIN**

Daytime phone number (include country and area codes)

**1800 444 396**

Email address (if applicable)

## Section F: Declaration

### 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 (BLOCK LETTERS)

**PETER CHARLES GAMIN**

Authorised representative signature

**PETER CHARLES GAMIN**

Date

Day Month Year

**24 September 2018**