

# 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 WEST  
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 : Ms  
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

<b>Service period start date</b>	13 / 01 / 2001
<b>Tax Components</b>	
Tax-free component	\$ 12,553.18
KiwiSaver tax-free component	\$ 0.00
Taxable component	
Element taxed in the fund	\$ 145,539.69
Element untaxed in the fund	\$ 0.00
<b>Tax components TOTAL</b>	<b>\$ 158,092.87</b>
<b>Preservation amounts</b>	
Preserved amount	\$ 158,092.87
KiwiSaver preserved component	\$ 0.00
Restricted non-preserved amount	\$ 0.00
Unrestricted non-preserved amount	\$ 0.00
<b>Preservation amounts TOTAL</b>	<b>\$ 158,092.87</b>

## 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: 13 August 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.