

# Rollover benefits statement

## Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

MLC SUPER FUND (PLUM PERSONAL PLAN)

3 Postal address

Street address

PO BOX 63A

Suburb/town/locality

MELBOURNE

State/territory

VIC

Postcode

3001

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

70732426024150

(b) Member client identifier

## Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title

MR

Family name

ROMSLOE

First given name

LEIF

Other given names

ERIK

7 Residential address

Street address

7 ECHO WAY

Suburb/town/locality

SUCCESS

State/territory

WA

Postcode

6164

Country if other than Australia

8 Date of birth

Day:  12 / Month:  6 / Year:  1975

9 Sex

Male  Female

10 Daytime phone number (include area code)

0400235046

11 Email address (if applicable)

leif.romsloe@se1.bp.com

### Section C: Rollover transaction details

12 Service period start date      Day: 27 / Month: 8 / Year: 2007

#### 13 Tax components

Tax-free component      \$      0.00  
KiwiSaver tax-free component      \$      0.00  
Taxable component:  
    Element taxed in the fund      \$      110,035.04  
    Element untaxed in the fund      \$      0.00  
Tax components TOTAL \$      110,035.04

#### 14 Preservation amounts

Preserved amount      \$      110,035.04  
KiwiSaver preserved amount      \$      0.00  
Restricted non-preserved amount      \$      0.00  
Unrestricted non-preserved amount      \$      0.00  
Preservation amounts TOTAL \$      110,035.04

### Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006      \$      0.00

### Section E: Transferring fund

16 Fund ABN      70 732 426 024

#### 17 Fund name

MLC SUPER FUND

#### 18 Contact name

HELEN MURDOCH

19 Daytime phone number (include area code)      1300 55 7586

#### 20 Email address (if applicable)

### Section F: Declaration

#### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

*I declare that the information contained in the statement is true and correct.*

Name (BLOCK LETTERS)

HELEN MURDOCH

Trustee, director or authorised officer signature



Date

Day: 25 / Month: 6 / Year: 2021

Employee's Copy