

# 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 Month Year  
27 / 8 / 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

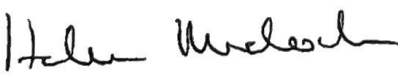
### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

*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 Month Year  
25 / 6 / 2021

Employee's Copy