

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

3 Postal Address

Suburb/town/locality State/territory Postcode

Country if outside Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

Section B: Member's details

5 Tax file number (TFN)

6 Full Name
Title:

Family name

First given name Other given names

7 Residential Address

Suburb/town/locality State/territory Postcode

Country if outside Australia



8 Date of birth Day Month Year
06 / 11 / 1968

9 Sex Male Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

12 Service period start date Day Month Year
15 / 08 / 1989

13 Tax components

Tax-free component \$

KiwiSaver Tax-free component \$

Taxable component

Element taxed in the fund \$

Element untaxed in the fund \$

Tax components TOTAL \$

14 Preservation amounts

Preserved amount \$

KiwiSaver preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$

Section D: Non-complying funds

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

Section E: Transferring fund

16 Fund ABN

17 Fund name

18 Contact Name
Title:

Family name

First given name

Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

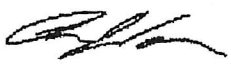


Section F: Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name

Trustee, director or authorised officer signature


DATE / /

Rollover Benefit Statement

Individual's copy

t0001297h-9251314-0000011

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

16 Tangermere Pl
LILYDALE VIC 3140

Unique Superannuation Identifier (USI):

Member client identifier:

SECTION B: MEMBER'S DETAILS

Tax file number (TFN):

Title: Family name:

Given name:

Other given names:

Residential address:

Suburb/town: State/territory: Postcode:

Country if other than Australia:

Date of birth: Sex (M/F):

Daytime phone number (including area code):

Email address (if applicable):

SECTION C: DEATH BENEFIT ROLLOVER TRANSACTION DETAILS

Income stream taxation indicator:

TFN of deceased member:

Full name of deceased member:

Title: Family name:

First given name:

Other given names:

Date of birth of deceased member:

Service period start date:

Tax components:		Preservation amounts:	
Tax-free component	<input type="text" value="\$95.90"/>	Preserved amount	<input type="text" value="\$8,364.32"/>
KiwiSaver Tax-free component	<input type="text" value="\$0.00"/>	KiwiSaver preserved amount	<input type="text" value="\$0.00"/>
Taxable component		Restricted non-preserved amount	<input type="text" value="\$0.00"/>
▪ Element taxed in the fund, and	<input type="text" value="\$8,268.42"/>	Unrestricted non-preserved amount	<input type="text" value="\$0.00"/>
▪ Element untaxed in the fund	<input type="text" value="\$0.00"/>	TOTAL Preservation Amounts	<input type="text" value="\$8,364.32"/>
TOTAL Tax Components	<input type="text" value="\$8,364.32"/>		

SECTION D: DEPENDENT CHILD DEATH BENEFIT ROLLOVER DETAILS

Value of interest at member's death:

Retirement phase:

Accumulation phase:

% share of above for this dependant

SECTION E: TRANSFERRING FUND

ABN:

Fund's name:

Contact name:

Telephone no:

SECTION F: DECLARATION

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

Name:

Signature of authorised person:

Date:



Australian Government
Australian Taxation Office



029

QUATTRO SUPERANNUATION FUND
16 TANGERMERE PL
LILYDALE VIC 3140

Statement period **23 JUL 18 to 22 NOV 18**

Tax file number 44 869 716

Date of issue 27 NOV 18

Statement number 6

Our reference 7109188540261

Account enquiries: 13 10 20

Internet: www.ato.gov.au

Statement of account

This statement has been issued to provide account information in relation to QUATTRO SUPERANNUATION FUND, Superannuation account

Transaction list - Superannuation - USM Remittance

This statement shows transactions for the period **23 JUL 18 to 22 NOV 18** (inclusive)

Process date	Effective date	Description of transaction	Debit \$	Credit \$	Balance \$
23 JUL 18		STATEMENT OPENING BALANCE			0.00
22 NOV 18	22 NOV 18	Aggregated transfer from individual		1,818.21	1,818.21 CR
22 NOV 18	27 NOV 18	EFT refund for USM Remittance for the period from 22 Nov 18 to 31 Dec 99	1,818.21		0.00
22 NOV 18		STATEMENT CLOSING BALANCE			0.00

Your USM Remittance refund of \$1,818.21 ATO007000010176651 has been forwarded to your nominated financial institution.

Grant Brodie
Deputy Commissioner of Taxation

Please see over for important information about your statement



Our reference: 7109188945619
 Phone: 13 10 20
 ABN: 16 241 738 467

QUATTRO SUPERANNUATION FUND
 16 TANGERMERE PL
 LILYDALE VIC 3140

Rollover benefits statement for unclaimed superannuation

Our details

Name: Australian Taxation Office
 ABN: 51 824 753 556

Member's details		Rollover payment details	
Original contribution reference number:	7023863508941	Member account number:	4
Service period start date:	1 July 1992	Member client identifier:	
TFN:	201 985 817	Unique superannuation identifier:	not provided
Name:	MRS ROSANNE POLI	Tax free component:	\$187.20
Address:	U 6	Taxable component:	
	14 HIGHLAND AV MITCHAM VIC 3132	Taxed element	\$1,631.01
Date of birth:	6 July 1974	Untaxed element	\$0.00
Sex:	Female	Preserved amount:	\$1,818.21

Chris Jordan
 Commissioner of Taxation

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