

# Rollover benefits statement

## WHEN TO USE THIS STATEMENT

❗ Only use this version of the form for transactions occurring on or after 1 July 2013.

❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for **all** rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

❗ This Form has been designed to assist you to prepare the ATO's Rollover benefits statement. It cannot be lodged with the ATO and should not be given to fund members.

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## Section A: **Receiving fund**

**1 Australian business number (ABN)**

**2 Fund name**

**3 Postal address**

**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**


8    **Date of birth**

9    **Sex**

10   **Daytime phone number** (include area code)

11   **Email address** (if applicable)


Section C: **Rollover transaction details**

 Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12   **Service period start date**

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 \$	

 Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

#### 14 Preservation amounts

Preserved amount \$

KiwiSaver preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$

**!** If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

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### Section D: **Non-complying funds**

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

\$

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### 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)

#### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

**Name** (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date

**!** Do not send this form to the ATO.