

Rollover benefits statement**WHEN TO USE THIS STATEMENT**

❶ Only use this version of the form for transactions occurring on or after 1 July 2013.
If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) 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).

❶ 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.

COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place X in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

❶ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: Receiving fund's details**1 Australian business number (ABN)**

75 493 363 262

2 Fund name

CBUS SUPER

3 Postal address

Street address

Locked Bag 5056

Suburb/town/locality

Parramatta

State/territory

NSW

Postcode

2124

Country if outside Australia

4**(a) Member client identifier**

911178122

(b) Unique superannuation identifier (USI)

CBU0100AU

Section B: Member's details**5 Tax file number (TFN)****6 Full name**

Title

Mrs

Family name

Milanesi

First given name

Vicki

Other given names

Leanne

7 Residential address

Street address

20 Hoffman Street

Suburb/town/locality

McDowall

State/territory

QLD

Postcode

4053

Country if outside Australia

8 Date of birth

5/08/1971

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 components 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.

Section D: Non-complying funds

❗ Only complete this section if you are a trustee of a non-complying fund.

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

Complete the declaration that applies to you. Print your full name then sign and date declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

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 the section above.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date

Day

Month

Year

/ /

OR

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 (BLOCK LETTERS)

DAVID TINCKNELL

Authorised Representative signature



Date

Day Month Year
8 / 9 / 2021

Tax agent number (if you are a registered tax agent)

796 73007

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

Rollover benefits statement

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Section A: Receiving fund's details

1 Australian business number (ABN)

75 493 363 262

2 Fund name

Construction and Building Union Superannuation

3 Postal address

Street address

20 Hoffman Street

Suburb/town/locality

MCDOWALL

State/territory

QLD

Postcode

4053

Country if outside Australia

AUS

4

(a) Member client identifier

911178122

(b) Unique superannuation identifier (USI)

CBU0100AU

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title

Mrs

Family name

Milanesi

First given name

Vicki

Other given names

Leanne

7 Residential address

Street address

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Suburb/town/locality

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5/08/1971

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KiwiSaver tax-free component

Taxable component:

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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.

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Preservation components 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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Other given names

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date

Day

Month

Year

/ /

OR

AUTHORISED REPRESENTATIVE DECLARATION

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I declare that:

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- *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*
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Name (BLOCK LETTERS)

Authorised Representative signature


Date

Day Month Year

 / /

Tax agent number (if you are a registered tax agent)

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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