



FIDUCIAN

INTEGRITY • TRUST • EXPERTISE

28 February 2019

Client Services Enquiries
1800 653 263 (toll-free)

The Trustee for Michael and Ayla SMSF
Level 4
16a BOLTON ST
NEWCASTLE NSW 2300

To Whom It May Concern

Fiducian Superannuation Service – Account number: FSS17429
Client: Mrs Ayla Smith

We transferred **\$16,676.21** to your nominated bank account: Michael and Ayla SMSF. We enclose Roll-Over Advice Statement for the above client.

Should you have any queries, please contact Staff Adviser on (02) 8298 4600, or we would be happy to help you through Client Services, toll-free in Australia on 1800 653 263.

Yours sincerely

Luke Grbin
Head of Platform Services
Fiducian Superannuation Service

cc: Staff Adviser
Fiducian

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details	THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN						
The Trustee for Michael and Ayla SMSF Level 4 16a BOLTON ST NEWCASTLE NSW 2300	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;">Payee ABN</td> <td style="border: 1px solid black; padding: 2px;">70 255 985 438</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">SPIN or member account number</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">USI</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>	Payee ABN	70 255 985 438	SPIN or member account number	1	USI	
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Section 2 - Individual's details																																												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Individual's full name</td> <td style="border: 1px solid black; padding: 2px;">Mrs</td> <td style="width: 30%; padding: 2px;">Surname or family name</td> <td style="border: 1px solid black; padding: 2px;">Smith</td> </tr> <tr> <td style="padding: 2px;">Given names</td> <td colspan="3" style="border: 1px solid black; padding: 2px;">Ayla</td> </tr> <tr> <td style="padding: 2px;">Address</td> <td colspan="3" style="border: 1px solid black; padding: 2px;">PO Box 139</td> </tr> <tr> <td></td> <td colspan="3" style="border: 1px solid black; padding: 2px;">NEW LAMBTON NSW 2305</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">Australia</td> <td style="border: 1px solid black; padding: 2px;">Email: aylaxsmith@hotmail.com</td> <td style="border: 1px solid black; padding: 2px;">Ph: (04) 2794 3126</td> </tr> <tr> <td style="padding: 2px;">Date of birth</td> <td style="border: 1px solid black; padding: 2px;">14/06/1972</td> <td style="border: 1px solid black; padding: 2px;">Sex (M/F)</td> <td style="border: 1px solid black; padding: 2px;">Female</td> </tr> <tr> <td></td> <td></td> <td style="border: 1px solid black; padding: 2px;">Tax File Number (if required or permitted by law)</td> <td style="border: 1px solid black; padding: 2px;">Yes</td> </tr> <tr> <td style="padding: 2px;">Name and Address of authorised agent or advisor (if any) <small>Must be authorised to receive information about this roll-over from the roll-over fund.</small></td> <td colspan="3" style="border: 1px solid black; padding: 2px;">Staff Adviser</td> </tr> <tr> <td></td> <td colspan="3" style="border: 1px solid black; padding: 2px;">Floor - 4</td> </tr> <tr> <td></td> <td colspan="3" style="border: 1px solid black; padding: 2px;">1 York Street</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="border: 1px solid black; padding: 2px;">Ph: (18) 0065 3263</td> </tr> </table>	Individual's full name	Mrs	Surname or family name	Smith	Given names	Ayla			Address	PO Box 139				NEW LAMBTON NSW 2305				Australia	Email: aylaxsmith@hotmail.com	Ph: (04) 2794 3126	Date of birth	14/06/1972	Sex (M/F)	Female			Tax File Number (if required or permitted by law)	Yes	Name and Address of authorised agent or advisor (if any) <small>Must be authorised to receive information about this roll-over from the roll-over fund.</small>	Staff Adviser				Floor - 4				1 York Street						Ph: (18) 0065 3263
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Section 3 - Roll-over payment details	Eligible Service Period																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Components</td> <td style="width: 30%;"></td> <td style="width: 30%; padding: 2px;">Date started</td> <td style="border: 1px solid black; padding: 2px;">28/08/2013</td> </tr> <tr> <td style="padding: 2px;">Tax free component \$</td> <td style="border: 1px solid black; padding: 2px;">0.00</td> <td style="padding: 2px;">Preservation amounts of the Roll-over payment</td> <td></td> </tr> <tr> <td style="padding: 2px;">Taxable component</td> <td></td> <td style="padding: 2px;">Preserved amount \$</td> <td style="border: 1px solid black; padding: 2px;">16,676.21</td> </tr> <tr> <td style="padding: 2px;">Element taxed in the fund \$</td> <td style="border: 1px solid black; padding: 2px;">16,676.21</td> <td style="padding: 2px;">Restricted Non-Preserved \$</td> <td style="border: 1px solid black; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">Element untaxed in the fund \$</td> <td style="border: 1px solid black; padding: 2px;">0.00</td> <td style="padding: 2px;">Unrestricted Non-Preserved \$</td> <td style="border: 1px solid black; padding: 2px;">0.00</td> </tr> </table>	Components		Date started	28/08/2013	Tax free component \$	0.00	Preservation amounts of the Roll-over payment		Taxable component		Preserved amount \$	16,676.21	Element taxed in the fund \$	16,676.21	Restricted Non-Preserved \$	0.00	Element untaxed in the fund \$	0.00	Unrestricted Non-Preserved \$	0.00	
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Gross amount A \$	16,676.21	Gross amount B \$	16,676.21
BOTH AMOUNTS MUST BE EQUAL			

Section 4 - Payer details	Payer ABN															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Payer's Name</td> <td colspan="2" style="border: 1px solid black; padding: 2px;">Fiducian Superannuation Service</td> </tr> <tr> <td style="padding: 2px;">Contact Name</td> <td style="border: 1px solid black; padding: 2px;">Luke Grbin</td> <td style="border: 1px solid black; padding: 2px;">Ph: 1800 653 263</td> </tr> <tr> <td style="padding: 2px;">Contact Email</td> <td colspan="2" style="border: 1px solid black; padding: 2px;">info@fiducian.com.au</td> </tr> <tr> <td style="padding: 2px;">Signature of authorised person</td> <td colspan="2" style="border: 1px solid black; padding: 2px;"> <div style="text-align: center;">  </div> </td> </tr> <tr> <td></td> <td></td> <td style="border: 1px solid black; padding: 2px;">Date: 28/02/2019</td> </tr> </table>	Payer's Name	Fiducian Superannuation Service		Contact Name	Luke Grbin	Ph: 1800 653 263	Contact Email	info@fiducian.com.au		Signature of authorised person	<div style="text-align: center;">  </div>				Date: 28/02/2019	57 929 339 093
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Contact Email	info@fiducian.com.au															
Signature of authorised person	<div style="text-align: center;">  </div>															
		Date: 28/02/2019														
The original of this form must be sent to the roll-over fund within seven days of paying the roll-over payment. A copy must be kept for your records and a copy given to the person on whose behalf the roll-over is made within 30 days of the roll-over payment.																