

Rollover benefits statement

Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

BLACKER SMSF

3 Postal address

Street address

23 BUCKNALL RD

Suburb/town/locality

GLANVILLE

State/territory

SA

Postcode

5015

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

S BLACKER

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title

MR

Family name

BLACKER

First given name

SAMUEL

Other given names

7 Residential address

Street address

23 BUCKNALL ROAD

Suburb/town/locality

GLANVILLE

State/territory

SA

Postcode

5015

Country if other than Australia

8 Date of birth

Day

23

/

Month

11

/

Year

1982

9 Sex

Male

☒

Female

☐

10 Daytime phone number (include area code)

0438884277

11 Email address (if applicable)

blackerelectrical@live.com

Section C: Rollover transaction details

12 Service period start date

Day	15	/	Month	12	/	Year	2008
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13 Tax components

Tax-free component \$

0.00

KiwiSaver tax-free component \$

0.00

Taxable component:

Element taxed in the fund \$

133,159.65

Element untaxed in the fund \$

0.00

Tax components TOTAL \$

133,159.65

14 Preservation amounts

Preserved amount \$

133,159.65

KiwiSaver preserved amount \$

0.00

Restricted non-preserved amount \$

0.00

Unrestricted non-preserved amount \$

0.00

Preservation amounts TOTAL \$

133,159.65

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

7	0	7	3	2	4	2	6	0	2	4
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17 Fund name

MLC SUPER FUND

18 Contact name

HELEN MURDOCH

19 Daytime phone number (Include area code)

1300 22 2472

20 Email address (if applicable)

Section F: Declaration

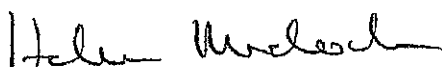
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:

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	24	/	Month	1	/	Year	2019
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