

Rollover Benefit Statement

Brenda Wishey

Roll-over fund copy

t0001297h-0367010-0000258

SECTION A: RECEIVING FUND'S DETAILS

Australian business number (ABN):

33729921165

Po Box 83

MOUNT GRAVATT

QLD 4122

Unique Superannuation Identifier (USI):

Member client identifier:

ROELOFSI

SECTION B: MEMBER'S DETAILS

Tax file number (TFN):

487273810

Title:

Mr

Family name:

Roelofs

Given name:

Ian

Other given names:

Residential address:

18 Attenborough Cct

Suburb/town:

REDLAND BAY

State/territory:

QLD

Postcode:

4165

Country if other than Australia:

Date of birth:

20/07/1964

Sex (M/F):

M

Daytime phone number (including area code):

N/A

Email address (if applicable):

ian.roelofs@yahoo.com.au

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:

01/05/1990

Tax components:

Preservation amounts:

Tax-free component

\$0.00

Preserved amount

\$15,391.32

KiwiSaver Tax-free component

\$0.00

KiwiSaver preserved amount

\$0.00

Taxable component

Restricted non-preserved amount

\$0.00

⌘ Element taxed in the fund, and

\$15,391.32

Unrestricted non-preserved amount

\$0.00

⌘ Element untaxed in the fund

\$0.00

TOTAL Preservation Amounts

\$15,391.32

TOTAL Tax Components

\$15,391.32

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: