

Rollover Benefit Statement

Section A : Receiving fund

THE RK & KSH EDGELOE SUPERANNUATION FUND
5 Neave Close
LEEMING 6149

THIS FORM DOES NOT HAVE TO BE INCLUDED IN A
TAX RETURN

DUPLICATE

Australian business number (ABN)	64 909 946 466
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Unique Superannuation Identifier (USI)	
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Member client identifier	
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Section B: Member's details

Tax file Number (TFN)

208 047 456

Full name

Title

Mrs

Family name

HAYES

First given name

MARINA CHRISTINE

Other given name

Residential Address

83 ENFIELD ST
LATHLAIN WA 6100

Date of birth

29/11/1968

Sex (M/F)

F

Daytime Phone No.

0400998216

Email address

marina.hayes@outlook.com

Section C: Rollover transaction details

Service period start date 01/05/1992

Tax components:

Preservation amounts:

Tax-free component

\$3,508.18

Preserved amount

\$60,000.00

KiwiSaver tax-free component

\$0.00

KiwiSaver preserved amount

\$0.00

Taxable component:

Element taxed in the fund

\$56,491.82

Restricted non-preserved amount

\$0.00

Element untaxed in the fund

\$0.00

Unrestricted non-preserved amount

\$0.00

Tax Components TOTAL

\$60,000.00

Preservation Amounts TOTAL

\$60,000.00

Section D : Non-complying funds

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

Section E : Transferring fund

Fund ABN

Fund Name

Contact Name

Daytime phone number

Email Address

Section F : Declaration

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature



Date

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 superannuation provider to give the information in the statement to the ATO

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date

Tax Agent number