

# 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

Unique Superannuation  
Identifier (USI)

Member client identifier

## 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

\$0.00

**Section E : Transferring fund**

Fund ABN

39 827 542 991

Fund Name

BT Super for Life which is a part of Retirement Wrap

Contact Name

BT Customer Relations

Daytime phone number

1300 653 553

Email Address

customer.relations@btsuperforlife.com.au


**Section F : Declaration**

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

Name (BLOCK LETTERS)

BRAD COOPER

Trustee, director or authorised officer signature



Date

18/03/2019

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