Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

Encircle Superannuation Fund
AVANTEOS INVESTMENTS LIMITED
LOCKED BAG 3460
GPO MELBOURNE   VIC   3001, Australia

Payee ABN	68 486 630 403
Unique Superannuation Identifier (USI)	68486630403001
Member Client Identifier	33009181

Section 2 - Individual's details

Individual's full name Title	Mr	Surname or family name	Bernardi

First given name	Gelindo
Other given names	

Address	276 Findon Road
	FINDON SA 5023
	Email Ph

Date of Birth	12/08/1941	Sex (M/F)	M	Tax File Number (if required or permitted by	560-448-084

Name and Address of authorised agent or advisor *(if any)*
Must be authorised to receive information about this roll-over from the roll-over fund.

Ph

Section 3 - Roll-over payment details

Eligible Service Period

Components

		Date started	06/06/2007

Tax-free component	$243,969.12
KiwiSaver tax-free component	$0.00

Preservation amounts of the Roll-over payment

Preserved amount	$0.00
KiwiSaver preserved amount	$0.00

Taxable component

Element taxed in the fund	$136,030.88	Restricted Non-Preserved	$0.00
Element untaxed in the fund	$0.00	Unrestricted Non-Preserved	$380,000.00

Tax components TOTAL	$380,000.00	**Preservation amounts TOTAL**	$380,000.00

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

$0.00

Section 5 - Transferring fund details

	Payer ABN	36 040 320 140

Payer's Name	Bernardi Superannuation Fund		
Contact Name	Mr Gelindo Bernardi	Email	Ph

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Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name

Mr Gelindo Bernardi

Trustee, director or officer signature

| | Date: / / 20 |

OR

AUTHORISED REPRESENTATIVE DECLARATION

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

Name

RAY TONELLATO

Authorised representative signature

| | Date: 28/09 / 20 18 |

Tax agent number (if you are a registered tax agent) 25809482

Where to send this form

If the rollover standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.