

Rollover Benefits Statement

Elizabeth Meiklejohn

Section A - Receiving fund

1 Australian business number (ABN)

57436302231

2 Fund name

S & C Harrison Family Super Fund

3 Postal Address

Suburb/Town/Locality

State/territory

Postcode

Country if outside Australia

4 a) Unique superannuation identifier (USI)

b) Member client identification

Section B - Member's details

5 Tax File Number (TFN)

380543761

6 Full Name

Title:

Mr

Family Name

Harrison

Given Names

Shaw Damien

7 Residential address

7 Sawyer Court

Suburb/Town/Locality

State/territory

Postcode

Cannon Hill

QLD

4170

Country if outside Australia

8 Date of Birth

01-Apr-1978

9 Sex

Male

10 Daytime Phone Number

11 Email Address

sharrison@savills.com.au

Section C - Rollover transaction details

12 Service Period Start Date	<input type="text" value="05-Mar-1996"/>
13 Tax Components	
Tax-free component	<input type="text" value="\$ 33.23"/>
KiwiSaver tax-free component	<input type="text" value="\$ 0.00"/>
Taxable component	
Element taxed in fund	<input type="text" value="\$ 19,966.77"/>
Element untaxed in fund	<input type="text" value="\$ 0.00"/>
Tax components TOTAL	<input type="text" value="\$ 20,000.00"/>
14 Preservation Amounts	
Preserved amount	<input type="text" value="\$ 20,000.00"/>
KiwiSaver preserved amount	<input type="text" value="\$ 0.00"/>
Restricted Non-Preserved Amount	<input type="text" value="\$ 0.00"/>
Unrestricted Non-Preserved Amount	<input type="text" value="\$ 0.00"/>
Preservation amounts TOTAL	<input type="text" value="\$ 20,000.00"/>

Section D - Non-complying funds

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

Section E - Transferring fund

16 Fund's ABN	<input type="text" value="30 099 320 583"/>
17 Fund's Name	<input type="text" value="AMG Super - Personal Division"/>
18 Contact Name	
Mr	<input type="text" value="Mr"/>
Family Name	<input type="text" value="Barclay"/>
Given Names	<input type="text" value="David"/>
19 Email Address	<input type="text" value="info@amgsuper.com.au"/>
20 Daytime phone number (include area code)	<input type="text" value="1300 264 264"/>

Section F - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date