



# Section C: Rollover payment details

## Eligible service period

1 Date started Day Month Year  
20 / 08 / 1997

2 Number of days before 1 July 1983 00000

3 Number of days after 30 June 1983 3820

## ETP components

4 CGT exempt component \$ 00000000

5 Undeducted contributions \$ 003677.00

6 Concessional component \$ 000000.00

7 Pre-July 1983 component plus post-June 1983 component (taxed element) \$ 0041323.00

8 Post-June 1983 component (untaxed element) \$ 000000.00

9 Post-June 1994 invalidity component \$ 000000.00

## Preservation amounts

10 Preserved amount \$ 0045000.00

11 Restricted non-preserved \$ 000000.00

12 Unrestricted non-preserved \$ 000000.00

Gross amount A \$ 0045000.00

Gross amount B \$ 0045000.00

▲ THESE AMOUNTS MUST BE THE SAME ▲

13 Rollover balance as at 15 February 1990 included with this rollover (if known) \$ 000000.00

14 Does the rollover payment relate to a pre-July 1994 pension or annuity? Yes  No

15 Does the rollover payment relate to a contributions-splitting ETP? Yes  No

## Information about contributions included in this rollover

16 Financial year ending Day Month Year  
30 / 06 / 2008

17 Total contributed amount \$ 0026913.00

18 Employer contributed amount \$ 000000.00

19 Personal contributed amount \$ 0026913.00

20 Other contributed amount \$ 000000.00

# Section D: Your fund's details

ABN 46 465 427 646

Your fund's name BUCKLANDS SUPERANNUATION FUND

Contact name GRAHAM BUCKLAND

Phone number 0746611063

Signature of authorised person  
x Graham  
*Graham*

Date Day Month Year  
16 / 05 / 2008

ⓘ You must send the original of this form to the receiving fund within seven days of making the rollover payment. Keep a copy for your records and give a copy to the individual within 30 days of making the rollover payment.



# ETP rollover statement – industry standard for superannuation funds

This form helps superannuation funds, approved deposit funds, retirement savings account providers and life insurance companies to meet the minimum information requirements for a rollover payment. Read the instructions *ETP rollover statement – superannuation fund instructions* (NAT 12317) before you fill in this form. If you need instructions or help filling in this form, visit our website at [www.ato.gov.au/super](http://www.ato.gov.au/super) or phone our information line on 13 10 20.

## Section A: Receiving fund's details

Name and address

BUCKLAND FAMILY  
SUPERANNUATION FUND  
11 NORTH STREET  
WARWICK 4370

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

Receiving fund's ABN

81 542 854 067

SPIN or member account number

## Section B: Individual's details

Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

BUCKLAND

First given name

CAMERON

Other given names

HEATH

Address

62 WILLI STREET

Suburb/town

WARWICK

State/territory

QLD

Postcode

4370

Date of birth

27 / 12 / 1982

Sex

Male  Female

Tax file number

(If required or permitted by law) 412 656 600

Name and address of authorised agent or adviser (if any)

This person must be authorised by the individual to receive information about this rollover.

Name

DAVID GEMMOS

Address

PO BOX 926

Suburb/town

WARWICK

State/territory

QLD

Postcode

4370

Phone number

07 46619000

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## Section C: Rollover payment details

### Eligible service period

1 Date started Day Month Year  
27 06 2001

2 Number of days before 1 July 1983 0000

3 Number of days after 30 June 1983 2449

### ETP components

4 CGT exempt component \$ 0000 0000

5 Undeducted contributions \$ 0000 0000

6 Concessional component \$ 0000 0000

7 Pre-July 1983 component plus post-June 1983 component (taxed element) \$ 013 0000

8 Post-June 1983 component (untaxed element) \$ 0000 0000

9 Post-June 1994 invalidity component \$ 0000 0000

### Preservation amounts

10 Preserved amount \$ 013 0000

11 Restricted non-preserved \$ 0000 0000

12 Unrestricted non-preserved \$ 0000 0000

Gross amount A

\$ 013 0000

Gross amount B

\$ 013 0000

▲ THESE AMOUNTS MUST BE THE SAME ▲

13 Rollover balance as at 15 February 1990 included with this rollover (if known) \$ 0000 0000

14 Does the rollover payment relate to a pre-July 1994 pension or annuity? Yes  No

15 Does the rollover payment relate to a contributions-splitting ETP? Yes  No

### Information about contributions included in this rollover

16 Financial year ending Day Month Year  
30 06 2008

17 Total contributed amount \$ 012 9010

18 Employer contributed amount \$ 012 9010

19 Personal contributed amount \$ 0000 0000

20 Other contributed amount \$ 0000 0000

## Section D: Your fund's details

ABN 46 465 427 646

### Your fund's name

BUCKLAND BROS STAFF SUPERANNUATION FUND

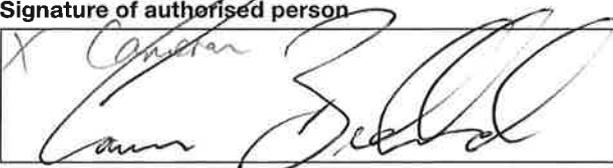
### Contact name

CAMERON BUCKLAND

### Phone number

0746611063

### Signature of authorised person

X 

Date Day Month Year  
15 05 2008

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# ETP rollover statement – industry standard for superannuation funds

This form helps superannuation funds, approved deposit funds, retirement savings account providers and life insurance companies to meet the minimum information requirements for a rollover payment. Read the instructions *ETP rollover statement – superannuation fund instructions* (NAT 12317) before you fill in this form. If you need instructions or help filling in this form, visit our website at [www.ato.gov.au/super](http://www.ato.gov.au/super) or phone our information line on 13 10 20.

## Section A: Receiving fund's details

Name and address

BUCKLAND FAMILY  
SUPERANNUATION FUND  
10 NORTH STREET WARWICK  
4370

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

Receiving fund's ABN

81 542 854 067

SPIN or member account number

## Section B: Individual's details

Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

BUCKLAND

First given name

GRAHAM

Other given names

ROSS

Address

10 NORTH STREET

Suburb/town

WARWICK

State/territory

QLD

Postcode

4370

Date of birth

Day: 27 / Month: 07 / Year: 1957

Sex

Male  Female

Tax file number

(If required or permitted by law)

482 562 995

Name and address of authorised agent or adviser (if any)

This person must be authorised by the individual to receive information about this rollover.

Name

DAVID GENCOS

Address

No. 1 Box 986

Suburb/town

WARWICK

State/territory

QLD

Postcode

4370

Phone number

07 46619000

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## Section C: Rollover payment details

### Eligible service period

1 Date started Day Month Year  
20 / 08 / 1997

2 Number of days before 1 July 1983 00000

3 Number of days after 30 June 1983 3820

### ETP components

4 CGT exempt component \$ 000,000.00

5 Undeducted contributions \$ 00,367.70 0.81711

6 Concessional component \$ 000,000.00

7 Pre-July 1983 component plus post-June 1983 component (taxed element) \$ 00,41,323.00

8 Post-June 1983 component (untaxed element) \$ 000,000.00

9 Post-June 1994 invalidity component \$ 000,000.00

### Preservation amounts

10 Preserved amount \$ 00,45,000.00

11 Restricted non-preserved \$ 000,000.00

12 Unrestricted non-preserved \$ 000,000.00

Gross amount A \$ 00,45,000.00

Gross amount B \$ 00,45,000.00

▲ THESE AMOUNTS MUST BE THE SAME ▲

13 Rollover balance as at 15 February 1990 included with this rollover (if known) \$ 000,000.00

14 Does the rollover payment relate to a pre-July 1994 pension or annuity? Yes  No

15 Does the rollover payment relate to a contributions-splitting ETP? Yes  No

### Information about contributions included in this rollover

16 Financial year ending Day Month Year  
30 / 06 / 2008

17 Total contributed amount \$ 00,27,230.00

18 Employer contributed amount \$ 00,000,317.00

19 Personal contributed amount \$ 00,26,913.00

20 Other contributed amount \$ 000,000.00

## Section D: Your fund's details

ABN 46 465 427 646

Your fund's name  
BUCKLANDS SUPERANNUATION FUND

Contact name  
GRAHAM BUCKLAND

Phone number 0746611063

### Signature of authorised person

*x Graham*  


Date Day Month Year  
16 / 05 / 2008

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