



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 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

SUZANNE

Other given names

DOROTHY

Address

10 NORTH STREET

Suburb/town

WARWICK QLD

State/territory

QLD

Postcode

4370

Date of birth Day Month Year
11 / 05 / 1955

Sex Male ☐ Female ☒

Tax file number

(If required or permitted by law)

125 210 199

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 GENGOIS

Address

PO Box 926

Suburb/town

WARWICK

State/territory

QLD

Postcode

4370

Phone number 07 466 19000

! 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.

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 \$ 000000
- 5 Undeducted contributions \$ 3677.00
- 6 Concessional component \$ 0000.00
- 7 Pre-July 1983 component plus post-June 1983 component (taxed element) \$ 41323.00
- 8 Post-June 1983 component (untaxed element) \$ 0000.00
- 9 Post-June 1994 invalidity component \$ 0000.00

Preservation amounts

- 10 Preserved amount \$ 45000.00
- 11 Restricted non-preserved \$ 0000.00
- 12 Unrestricted non-preserved \$ 0000.00

Gross amount A

\$ 45000.00

Gross amount B

\$ 45000.00

▲ THESE AMOUNTS MUST BE THE SAME ▲

- 13 Rollover balance as at 15 February 1990 included with this rollover (if known) \$ 0000.00
- 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 \$ 26913.00
- 18 Employer contributed amount \$ 0000.00
- 19 Personal contributed amount \$ 26913.00
- 20 Other contributed amount \$ 0000.00

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

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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 Day Month Year
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 GENGOS

Address

PO Box 926

Suburb/town

WARWICK

State/territory

QLD

Postcode

4370

Phone number 07 4661 9000

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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 0

3 Number of days after 30 June 1983 2449

ETP components

4 CGT exempt component \$ 0

5 Undeducted contributions \$ 0

6 Concessional component \$ 0

7 Pre-July 1983 component plus post-June 1983 component (taxed element) \$ 13,000.00

8 Post-June 1983 component (untaxed element) \$ 0

9 Post-June 1994 invalidity component \$ 0

Preservation amounts

10 Preserved amount \$ 13,000.00

11 Restricted non-preserved \$

12 Unrestricted non-preserved \$

Gross amount A \$ 13,000.00

Gross amount B \$ 13,000.00

▲ THESE AMOUNTS MUST BE THE SAME ▲

13 Rollover balance as at 15 February 1990 included with this rollover (if known) \$ 0

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 \$ 12,901.00

18 Employer contributed amount \$ 12,901.00

19 Personal contributed amount \$ 0

20 Other contributed amount \$ 0

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 07 4661 1063

Signature of authorised person

X 

Date Day Month Year
15 05 2008

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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 Month Year
27 / 07 / 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

PO BOX 986

Suburb/town

WARWICK

State/territory

QLD

Postcode

4370

Phone number 07 4661 9000

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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 \$ 0,000,000.00

5 Undeducted contributions \$ 0,003,677.00 0.81711

6 Concessional component \$ 0,000,000.00

7 Pre-July 1983 component plus post-June 1983 component (taxed element) \$ 0,041,323.00

8 Post-June 1983 component (untaxed element) \$ 0,000,000.00

9 Post-June 1994 invalidity component \$ 0,000,000.00

Preservation amounts

10 Preserved amount \$ 0,45,000.00

11 Restricted non-preserved \$ 0,000,000.00

12 Unrestricted non-preserved \$ 0,000,000.00

Gross amount A \$ 0,045,000.00

Gross amount B \$ 0,045,000.00

▲ THESE AMOUNTS MUST BE THE SAME ▲

13 Rollover balance as at 15 February 1990 included with this rollover (if known) \$ 0,000,000.00

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 \$ 0,027,230.00

18 Employer contributed amount \$ 0,000,317.00

19 Personal contributed amount \$ 0,026,913.00

20 Other contributed amount \$ 0,000,000.00

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
Graham

Date Day Month Year 16 / 05 / 2008

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