

Rollover benefits statement

WHEN TO USE THIS STATEMENT

ⓘ Only use this version of the form for transactions occurring on or after 1 July 2013.

ⓘ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for **all** rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

ⓘ This Form has been designed to assist you to prepare the ATO's Rollover benefits statement. It cannot be lodged with the ATO and should not be given to fund members.

Section A: **Receiving fund**

- 1 **Australian business number (ABN)**
- 2 **Fund name**
- 3 **Postal address**
- 4 (a) **Unique superannuation identifier (USI)**

(b) **Member client identifier**

Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title:

Family name

First given name

Other given names

7 Residential address

8 Date of birth

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

 Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components

Tax-free component \$

KiwiSaver tax-free component \$

Taxable component:

Element taxed in the fund \$

Element untaxed in the fund \$

Tax components TOTAL \$

 Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount \$
KiwiSaver preserved amount \$
Restricted non-preserved amount \$
Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$

! If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

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 ABN

17 Fund name

18 Contact name

Title:

Family name

First given name

Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

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

! Do not send this form to the ATO.