



1 June 2018

Dear Sir Or Madam,

Dear Sir/Madam,

## Important information - documents enclosed

### Retirement Security Plan

**Life insured name(s): Mr STEVEN SAV Aidis**

### We're here to help

If you have any questions, please contact us.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Craig Dainton', written in a cursive style.

Craig Dainton  
Director Operations

### What you need to know

This document does not take into account your financial situation, objectives and needs. It is important you consider these matters before making any investment decision based on the information contained in this document. Any advice in this document is provided by N.M. Superannuation Proprietary Limited, ABN 31 008 428 322, AFSL No. 234654, which is part of the AMP group of companies. N.M. Superannuation Proprietary Limited is the trustee of the National Mutual Retirement Fund, ABN 76 746 741 299, of which this account is a part.

### Your contacts

MICHAEL CHAMBERS

0882941600

michael.chambers711@gmail.com

**E** askamp@amp.com.au

**W** amp.com.au

**T** 1300 300 798      **F** 03 8688 5799

Customer Service

PO Box 14330 Melbourne VIC 8001

### Your details

#### ACCOUNT NAME

Steven Savaidis

#### POLICY NUMBER

009414951 5



# Rollover benefits statement

Section A - Receiving fund		THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN	
PETEL SUPER FUND-SAVAIDIS PO BOX 755 NORTH ADELAIDE SA 5006		Australian business number(ABN) <input style="width: 150px;" type="text" value="58711297956"/>	Member client identifier <input style="width: 150px;" type="text"/>
		Unique Superannuation Identifier(USI) <input style="width: 150px;" type="text"/>	
Section B - Member's details			
Full name			
Title: Mr, Mrs, Miss, Ms	<input style="width: 80px;" type="text" value="MR"/>	Family name	<input style="width: 250px;" type="text" value="SAVAIDIS"/>
First given name	<input style="width: 550px;" type="text" value="STEVEN"/>		
Other given names	<input style="width: 550px;" type="text"/>		
Address	<input style="width: 550px;" type="text" value="PO BOX 80"/>		
Suburb/town	<input style="width: 200px;" type="text" value="WHYALLA"/>	State/Territory	<input style="width: 100px;" type="text" value="SA"/> Postcode <input style="width: 80px;" type="text" value="5600"/>
Date of birth	<input style="width: 80px;" type="text" value="16"/> / <input style="width: 40px;" type="text" value="5"/> / <input style="width: 80px;" type="text" value="1952"/>	Sex(M/F)	<input style="width: 50px;" type="text" value="M"/> Tax File Number (TFN) <input style="width: 150px;" type="text" value="566316402"/> Daytime phone number <input style="width: 100px;" type="text"/>
Email address (if applicable)	<input style="width: 550px;" type="text"/>		
Section C - Rollover transaction details			
Service period start date	<input style="width: 150px;" type="text" value="30"/> / <input style="width: 40px;" type="text" value="7"/> / <input style="width: 100px;" type="text" value="1986"/>		
<b>Tax components</b>		<b>Preservation amounts</b>	
Tax-free component	<input style="width: 100px;" type="text" value="\$ 1000.00"/>	Preserved amount	<input style="width: 100px;" type="text" value="\$ 7517.30"/>
KiwiSaver Tax-free component	<input style="width: 100px;" type="text" value="\$ 0.00"/>	KiwiSaver preserved amount	<input style="width: 100px;" type="text" value="\$ 0.00"/>
Taxable component		Restricted non-preserved amount	<input style="width: 100px;" type="text" value="\$ 0.00"/>
Element taxed in the fund	<input style="width: 100px;" type="text" value="\$ 6517.30"/>	Unrestricted non-preserved amount	<input style="width: 100px;" type="text" value="\$ 0.00"/>
Element untaxed in the fund	<input style="width: 100px;" type="text" value="\$ 0.00"/>	TOTAL Preservation amounts	<input style="width: 100px;" type="text" value="\$ 7517.30"/>
TOTAL Tax Components	<input style="width: 100px;" type="text" value="\$ 7517.30"/>		
Section D - Non-complying funds			
Contributions made to a non-complying fund on or after 10 May 2006	<input style="width: 150px;" type="text" value="\$ 0.00"/>		
Section E - Transferring fund		Fund's ABN	<input style="width: 150px;" type="text" value="76746741299"/>
Fund's name	<input style="width: 550px;" type="text" value="NM RETIREMENT FUND"/>		
Contact name	<input style="width: 300px;" type="text" value="CUSTOMER SERVICE CENTRE"/>	Phone number	<input style="width: 100px;" type="text" value="132 987"/>
Email address (if applicable)	<input style="width: 550px;" type="text" value="client.inquiry@amp.com.au"/>		
Section F - Declaration			
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION: I declare that the information contained in the statement is true and correct.			
Trustee, director or authorised officer signature	<input style="width: 200px;" type="text" value="CRAIG DANTON"/>	Date	<input style="width: 100px;" type="text" value="15"/> / <input style="width: 40px;" type="text" value="12"/> / <input style="width: 80px;" type="text" value="2017"/>
The original of this form must be sent to the rollover fund within 7 days of paying the rollover payment. A copy must be kept for payee records and a copy given to the person on whose behalf the rollover is made within 30 days of the rollover payment.			
U3KTE /ODVIC /9414,951/5			

# PAYE CALCULATION WORKSHEET

PAGE 1 OF 2

REFERENCE:			
BRANCH:	VIC	BUSINESS: PB	USER ID: U3KTE
CONTACT NAME:			
CONTACT DEPT:			PHONE:
PLAN:	ODVIC	MEMBER NUMBER:	9414,951/5
CALC DATE:	2017/12/15	UNIQUE SUPER ID:	
VERSION:	0198	PAYMENT OR QUOTE:	R
TAX FILE NUMBER:	YES	STP PRINTED:	YES
		GROUP CERT NUMBER:	
		MEDICARE LEVY%:	2.000

## MEMBER DETAILS

TITLE:	MR	BIRTH DATE:	16/05/1952
FAMILY NAME:	SAVAIDIS	GIVEN NAMES:	STEVEN PETER
PLAN/FUND NAME:			
PLAN/POLICY NUMBER:		DATE JOINED POLICY FUND:	00/00/0000
DATE JOINED COMPANY:	30/07/1986	DATE JOINED FUND:	30/07/1986
NORMAL RETIREMENT DATE:	16/05/2018	DATE LEFT FUND:	15/12/2017
END OF SERVICE DATE:	15/12/2017	DATE OF DEATH:	
FUTURE UNEXP SERVICE:	0	DAYS SERVED ON DEATH:	0
ELIGIBLE SERVICE DAYS:	11462	DAYS TO RETIRE ON DEATH:	0
		EFF ELIG SERV START:	30/07/1986
TYPE OF BENEFIT:	WITHDRAWAL		
BENEFIT AMOUNT:	\$7,517.30	TAX-FREE COMPONENT:	\$1,000.00
PRESERVED:	\$7,517.30	KIWISAVER TAX-FREE COMPONENT:	\$0.00
KIWISAVER PRESERVED AMOUNT:	\$0.00	TAXABLE COMPONENT:	
RESTRICTED NON-PRESERVED:	\$0.00	ELEMENT TAXED	\$6,517.30
UNRESTRICTED NON-PRESERVED:	\$0.00	ELEMENT UNTAXED	\$0.00

## RECIPIENT DETAILS

TITLE:	MR	BIRTH DATE:	16/05/1952	AGE AT PAYMENT:	65
FAMILY NAME:	SAVAIDIS	GIVEN NAMES:	STEVEN PETER		
ADDRESS:		TAX FILE NUMBER:	566316402		
	PO BOX 80	PIN CODE NUMBER:	5600		
	WHYALLA				
DATE OF PAYMENT:	15/12/2017	DATE FIRST JOINED FUND:	30/07/1986		

AGE THRESHOLD:	55
BENEFIT THRESHOLD AMOUNT:	\$0.00
POST 83 CASH:	\$0.00
INSURANCE COMPONENT OF DEATH BENEFIT:	NO
DEDUCTION CLAIMED BY TRUSTEE:	NO

## NOTES

PAYEI000 - PROCESSING COMPLETED SUCCESSFULLY  
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# Rollover benefits statement

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

## Section A - Receiving fund

Petel Super Fund  
PO Box 755  
NORTH ADELAIDE SA 5006

Australian business number(ABN) 58711297956

Member client identifier SMSF

Unique Superannuation Identifier(USI)

## Section B - Member's details

Full name  
Title: Mr, Mrs, Miss, Ms MR Family name Savaidis  
First given name Steven  
Other given names Peter  
Address 23 Mullaquana Road  
Suburb/town MULLAQUANA State/Territory SA Postcode 5601  
Date of birth 16 / 5 / 1952 Sex(M/F) M Tax File Number (TFN) 000 000 000 Daytime phone number 0428810302  
Email address (if applicable) denise@savaidis.com.au

## Section C - Rollover transaction details

Service period start date 30 / 11 / 1997

Tax components	Preservation amounts
Tax-free component \$ 0.00	Preserved amount \$ 0.00
KiwiSaver Tax-free component \$ 0.00	KiwiSaver preserved amount \$ 0.00
Taxable component	Restricted non-preserved amount \$ 0.00
Element taxed in the fund \$ 114.23	Unrestricted non-preserved amount \$ 114.23
Element untaxed in the fund \$ 0.00	TOTAL Preservation amounts \$ 114.23
TOTAL Tax Components \$ 114.23	

## Section D - Non-complying funds

Contributions made to a non-complying fund on or after 10 May 2006 \$ 0.00

## Section E - Transferring fund

Fund's name SUPER DIRECTIONS FUND Fund's ABN 78421957449  
Contact name CUSTOMER SERVICE CENTRE Phone number 133 056  
Email address (if applicable) client.inquiry@amp.com.au

## Section F - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION:  
I declare that the information contained in the statement is true and correct.

Trustee, director or authorised officer signature CRAIG DANTON Date 7 / 12 / 2017

The original of this form must be sent to the rollover fund within 7 days of paying the rollover payment. A copy must be kept for payee records and a copy given to the person on whose behalf the rollover is made within 30 days of the rollover payment.

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