



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".

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)	58711297956
		Member client identifier	
		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			
Address	PO BOX 80		
Suburb/town	WHYALLA	State/Territory	SA
		Postcode	5600
Date of birth	16 / 5 / 1952	Sex(M/F)	M
		Tax File Number (TFN)	566316402
		Daytime phone number	
Email address (if applicable)			
Section C - Rollover transaction details			
Service period start date			
30 / 7 / 1986			
Tax components			
Tax-free component	\$	1000.00	
KiwiSaver Tax-free component	\$	0.00	
Taxable component			
Element taxed in the fund	\$	6517.30	
Element untaxed in the fund	\$	0.00	
TOTAL Tax Components	\$	7517.30	
Preservation amounts			
Preserved amount	\$	7517.30	
KiwiSaver preserved amount	\$	0.00	
Restricted non-preserved amount	\$	0.00	
Unrestricted non-preserved amount	\$	0.00	
TOTAL Preservation amounts	\$	7517.30	
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 ABN	76746741299
Fund's name	NM RETIREMENT FUND		
Contact name	CUSTOMER SERVICE CENTRE	Phone number	132 987
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	15 / 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.			
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
PAYEI000 - PROCESSING COMPLETED SUCCESSFULLY

PAYE CALCULATION WORKSHEET

PAGE 2 OF 2

REFERENCE:
BRANCH: VIC BUSINESS: PB USER ID: U3KTE
CONTACT NAME:
CONTACT DEPT: PHONE:
PLAN: ODVIC MEMBER NUMBER: 9414,951/5

SUMMARY OF CALCULATION RESULTS

	GROSS AMOUNT	ROLLOVER	PAYE TAX	CASH AMOUNT
TAX-FREE COMPONENT:	\$1,000.00	\$1,000.00	\$0.00	\$0.00
KIWISAVER TAX-FREE COMPONENT:	\$0.00	\$0.00	\$0.00	\$0.00
TAXABLE COMPONENT:				
ELEMENT TAXED:	\$6,517.30	\$6,517.30	\$0.00	\$0.00
ELEMENT UNTAXED:	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:	\$7,517.30	\$7,517.30	\$0.00*	\$0.00

PRESERVED:	\$7,517.30	\$7,517.30	* NOTE: This field has been calc using the TAX ROUND AMOUNT. It may not = tax rate X comp.
KIWISAVER PRESERVED AMOUNT:	\$0.00	\$0.00	
RESTRICTED NON-PRESERVED:	\$0.00	\$0.00	
UNRESTRICTED NON-PRESERVED:	\$0.00	\$0.00	

TOTAL PAYE TAX PAYABLE (INCLUDING MEDICARE LEVY):	\$0.00
NET BENEFIT PAYABLE (BEFORE ROLLOVER, AFTER TAX):	\$7,517.30

TAX RATES:

TAXABLE TAXED ELEMENT:	0.00 %
TAXABLE UNTAXED ELEMENT:	0.00 %

MCS INFORMATION:

CONTRIBUTIONS MADE TO NON-COMPLYING FUND ON OR AFTER 10 MAY 2006:	\$0.00
---	--------

AUTHORISED AGENT DETAILS:

NAME:
ADDRESS:

Rollover benefits statement

Section A - Receiving fund		THIS FORM DOES NOT HAVE TO BE INCLUDED IN A TAX RETURN	
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 Tax Components	\$ 114.23	TOTAL Preservation amounts	\$ 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 ABN	78421957449
Fund's name	SUPER DIRECTIONS FUND		
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.			
U1HKG /KNMPSS/0202216			

