

Rollover Benefits Statement

Section A :- Receiving fund

THE KNISPEL FAMILY SUPERANNUATION FUND
24 Canoon Road
South Turramurra NSW 2074

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

ORIGINAL

Australian business number (ABN) 66 870 110 729

Unique Superannuation Identifier
(USI)

Member client identifier

Section B :- Member's details

Tax File Number (TFN)

Provided

Full Name

Title

Mr

Family name

Knispel

First given name

Andrew

Other given names

Paul

Postal Address

24 Canoon Road
South Turramurra NSW 2074

Date of birth

23/05/1977

Sex (M/F)

M

Daytime Phone No.

Email Address

Section C :- Rollover transaction details

Service period start date

01/09/1993

Tax components:

Tax-free component

\$0.00

KiwiSaver tax-free component

\$0.00

Taxable component:

Element taxed in the fund

\$2,930.17

Element untaxed in the fund

\$0.00

TOTAL Tax Components

\$2,930.17

Preservation amounts:

Preserved amount

\$2,930.17

KiwiSaver preserved amount

\$0.00

Restricted non-preserved amount

\$0.00

Unrestricted non-preserved amount

\$0.00

TOTAL Preservation Amounts

\$2,930.17

Investor No: M03085206

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 ABN

39 827 542 991

Your fund name

SuperWrap Personal Super Plan

Contact Name

Kathy Vincent



Date

22/10/2020

Telephone number

1300 657 010

Email Address

superwrap@investorwrap.com.au

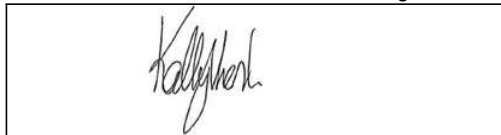
Section F :- Declaration

I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

KATHY VINCENT

Trustee, director or authorised officer signature



DATE

22/10/2020

OR

AUTHORISED REPRESENTATIVE DECLARATION:

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the information supplied by the superannuation provider
- I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the superannuation provider to give the information in the statement to the ATO

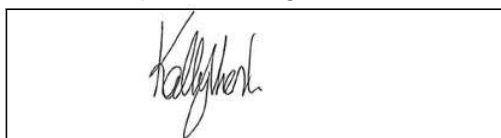
Name (BLOCK LETTERS)

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Authorised representative signature



Tax Agent number

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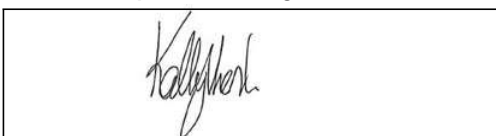
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