

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 1 - Receiving fund details

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

BT SuperWrap Personal Super Plan
GPO BOX 2337
Adelaide SA 5000
Australia

Payee ABN 39 827 542 991

Unique Superannuation Identifier (USI)

Member Client Identifier M05604487

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Pocock
Title			
First given name	Stuart		
Other given names			
Address	52 Oakridge Circuit		
	GOLDEN GROVE SA 5125		
	AUSTRALIA	Email	Ph
Date of Birth	08/07/1969	Sex (M/F)	M
		Tax File Number (if required or permitted by)	147-106-482
Name and Address of authorised agent or advisor (if any)			
Must be authorised to receive information about this roll-over from the roll-over fund.			
	Ph		

Section 3 - Roll-over payment details

Eligible Service Period

Date started

22/08/2003

Components

Tax-free component	\$2,877.63
KiwiSaver tax-free component	\$0.00
Taxable component	
Element taxed in the fund	\$255,122.37
Element untaxed in the fund	\$0.00

Preservation amounts of the Roll-over payment

Preserved amount	\$258,000.00
KiwiSaver preserved amount	\$0.00
Restricted Non-Preserved	\$0.00
Unrestricted Non-Preserved	\$0.00

Tax components TOTAL \$258,000.00

Preservation amounts TOTAL \$258,000.00

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 60 848 814 857

Payer's Name	S & K Pocock Retirement Fund		
Contact Name	Mrs Karen Pocock	Email	Ph

Rollover Benefit Statement

Original - Send to rollover fund within 7 days of payment

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name

Mrs Karen Pocock

Trustee, director or officer signature

Date: / / 20

OR

AUTHORISED REPRESENTATIVE DECLARATION

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 information in the statement to the ATO

Name

Mrs Karen Pocock

Authorised representative signature

Date: / / 20

Tax agent number (if you are a registered tax agent)

Where to send this form

If the rollover standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 1 - Receiving fund details

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

BT SuperWrap Personal Super Plan
GPO BOX 2337
Adelaide SA 5000
Australia

Payee ABN 39 827 542 991

Unique Superannuation Identifier (USI)

Member Client Identifier M05604487

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Pocock
Title			
First given name	Stuart		
Other given names			
Address	52 Oakridge Circuit		
	GOLDEN GROVE SA 5125		
	AUSTRALIA	Email	Ph
Date of Birth	08/07/1969	Sex (M/F)	M
		Tax File Number (if required or permitted by)	147-106-482
Name and Address of authorised agent or advisor (if any)			
Must be authorised to receive information about this roll-over from the roll-over fund.			
	Ph		

Section 3 - Roll-over payment details

Eligible Service Period

Components

Date started

22/08/2003

Tax-free component

\$2,877.63

KiwiSaver tax-free component

\$0.00

Taxable component

Element taxed in the fund

\$255,122.37

Element untaxed in the fund

\$0.00

Preservation amounts of the Roll-over payment

Preserved amount

\$258,000.00

KiwiSaver preserved amount

\$0.00

Restricted Non-Preserved

\$0.00

Unrestricted Non-Preserved

\$0.00

Tax components TOTAL \$258,000.00

Preservation amounts TOTAL \$258,000.00

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 60 848 814 857

Payer's Name S & K Pocock Retirement Fund

Contact Name Mrs Karen Pocock

Email

Ph

Rollover Benefit Statement

Duplicate - Send to member within 30 days of rollover payment

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name

Mrs Karen Pocock

Trustee, director or officer signature

Date: / / 20

OR

AUTHORISED REPRESENTATIVE DECLARATION

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 information in the statement to the ATO

Name

Mrs Karen Pocock

Authorised representative signature

Date: / / 20

Tax agent number (if you are a registered tax agent)

Where to send this form

If the rollover standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.

Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 1 - Receiving fund details

BT SuperWrap Personal Super Plan
GPO BOX 2337
Adelaide SA 5000
Australia

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

Payee ABN 39 827 542 991

Unique Superannuation Identifier (USI)

Member Client Identifier M05604487

Section 2 - Individual's details

Individual's full name	Mr	Surname or family name	Pocock
Title			
First given name	Stuart		
Other given names			
Address	52 Oakridge Circuit		
	GOLDEN GROVE SA 5125		
	AUSTRALIA	Email	Ph
Date of Birth	08/07/1969	Sex (M/F)	M
		Tax File Number (if required or permitted by)	147-106-482
Name and Address of authorised agent or advisor (if any)			
Must be authorised to receive information about this roll-over from the roll-over fund.			
	Ph		

Section 3 - Roll-over payment details

Components	Eligible Service Period
	Date started 22/08/2003
Tax-free component	\$2,877.63
KiwiSaver tax-free component	\$0.00
Taxable component	Preservation amounts of the Roll-over payment
Element taxed in the fund	\$255,122.37
Element untaxed in the fund	\$0.00
	KiwiSaver preserved amount
	\$0.00
	Restricted Non-Preserved
	\$0.00
	Unrestricted Non-Preserved
	\$0.00

Tax components TOTAL \$258,000.00

Preservation amounts TOTAL \$258,000.00

BOTH AMOUNTS MUST BE EQUAL

Section 4 - Non-complying Funds

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

\$0.00

Section 5 - Transferring fund details

Payer ABN 60 848 814 857

Payer's Name	S & K Pocock Retirement Fund		
Contact Name	Mrs Karen Pocock	Email	Ph

Rollover Benefit Statement

Triplicate - Keep for your fund records

Section 6 - Declaration

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

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

Name

Mrs Karen Pocock

Trustee, director or officer signature

Date: / / 20

OR

AUTHORISED REPRESENTATIVE DECLARATION

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 information in the statement to the ATO

Name

Mrs Karen Pocock

Authorised representative signature

Date: / / 20

Tax agent number (if you are a registered tax agent)

Where to send this form

If the rollover standards **do not apply** to the transaction, you must do all of the following:

- send the form to the receiving fund in section 1 within seven days of paying them the rollover
- provide a copy to the member in section 2 within 30 days of paying them the rollover
- keep a copy in your records for a period of five years.

If the rollover standards **do apply** to the transaction, you must do all of the following:

- comply with the requirements of the data standard for the fund-to-fund interaction (do not send this form to the receiving fund in section 1)
- use this form only to provide a statement to the member in section 2 within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.