



# Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

## WHEN COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
- Place  in ALL applicable boxes.

**!** If a member asks you to roll over parts of their entitlement to more than one fund, you must complete separate statements for each rollover payment.

## Section A: Receiving fund's details

**1 Australian business number (ABN)**

**2 Name**

**3 Postal address**

Street address

Suburb/town/locality

State/territory

Postcode

Country if outside Australia

**4 You must provide at least one of the receiving fund's numbers below:**

Member account number

Superannuation product identification number (SPIN)

## Section B: Member's details

**5 Tax file number (TFN)**

**6 Full name**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

**7 Postal address**

Street address

Suburb/town/locality

State/territory

Postcode

Country if outside Australia

**8 Date of birth**  /  /

**9 Sex** Male  Female

10 **Daytime phone number** (include area code)

11 **Email address** (if applicable)

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## Section C: Rollover payment details

**!** Include dollars and cents.

12 **Service period start date**      Day / Month / Year  
 /  /

13 **Rollover components:**

Tax-free component      \$

Taxable component:

    Element taxed in the fund      \$

    Element untaxed in the fund      \$

14 **Preservation amounts:**

Preserved amount      \$

Restricted non-preserved amount      \$

Unrestricted non-preserved amount      \$

15 **Contributed amounts**

Financial year ending      Day / Month / Year  
 /  /

**This rollover includes the following contributions made during the current financial year.**

a Employer contributed amount      \$

b Personal contributed amount      \$

c Capital gains tax (CGT) cap election amount:

    Small business retirement exemption amount      \$

    Small business 15-year exemption amount      \$

d Personal injury election amount      \$

e Spouse and child contributions amount      \$

f Other family and friend contributions amount      \$

g Directed termination payments (taxable component) amount      \$

h Assessable foreign fund amount      \$

i Non-assessable foreign fund amount      \$

j Transferred from reserves amount:

    Assessable amount      \$

    Non-assessable amount      \$

k All contributions received for the current year      \$

## Section D: **Your details**

**16 Fund's ABN**

**17 Fund's name**

  

**18 Contact name**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

**19 Email address** (if applicable)

  

**20 Daytime phone number** (include area code)

**21 Signature of authorised person**

Date

Day

/

Month

/

Year

**!** You do not need to send a copy of the statement to us however, you must keep a copy for your records for a period of five years.

**>** Send:

- the statement to the receiving fund (or elsewhere if instructed) within seven days of paying the roll over payment, and
- a copy of the statement to the individual within 30 days of paying the roll over payment to the receiving fund.