



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)

Section C: Rollover payment details

 Include dollars and cents.

12 Service period start date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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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:

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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.