

## Rollover benefits statement

### WHEN TO USE THIS STATEMENT

Only use this version of the form for transactions occurring on or after 1 July 2013.

If you need to correct an error regarding a payment made before 1 July 2013, use NAT 70944-**05.2007**.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- You are paying a rollover superannuation benefit to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards.
- You have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member.
- You are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section D instead of section C).

• You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for **all** rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

#### **COMPLETING THIS STATEMENT**

- Print clearly in BLOCK LETTERS using a black pen only.
- Place | X | in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

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S	ection A: <b>Receiving fund</b>
1	Australian business number (ABN)
2	Fund name
3	Postal address
	Suburb/town/locality State/territory Postcode
	Country if other than Australia
4	(a) Unique superannuation identifier (USI)
	(b) Member client identifier

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Se	Section B: <b>Member's details</b>				
5	Tax file number (TFN)				
7	Full name  Title: Mr				
	Suburb/town/locality State/territory Postcode Country if other than Australia				
8	Date of birth Day / Month / Year Year				
9	Sex Male Female				
10	Daytime phone number (include area code)				
11 Email address (if applicable)					
 Se	ection C: <b>Rollover transaction details</b>				
Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.  12 Service period start date					
13	Tax components				
	Tax-free component \$,				
	KiwiSaver tax-free component \$,				
	Taxable component:  Element taxed in the fund  \$				
	Element untaxed in the fund \$,,				
	Tax components TOTAL \$				
	Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.				

14	Preservation amounts					
	Preserved amount	\$,·				
	KiwiSaver preserved amount	\$				
	Restricted non-preserved amount	\$,				
	Unrestricted non-preserved amount	\$,·				
		Preservation amounts TOTAL \$,				
		ns a <b>KiwiSaver preserved amount</b> , you can't make the rollover payment to a d (SMSF) under the preservation rules.				
Se	Section D: Non-complying funds					
	Only complete this section if you a	are a trustee of a non-complying fund.				
15	Contributions made to a non-	complying fund on or after 10 May 2006				
13	Contributions made to a non-	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
Se	ection E: <b>Transferring</b>	fund				
	Fund ABN					
17	Fund name					
17	rund name					
18	Contact name					
	Other					
	Family name					
	First given name	Other given names				
19	Daytime phone number (include	e area code)				
20	Email address (if applicable)					

## Section F: Declaration

Complete the declaration that applies to you. Print your full name then sign and date declaration.

Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

#### TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)	
Trustee, director or authorised officer signature	]
	Date
	Day Month Year
OR	
<b>AUTHORISED REPRESENTATIVE DECLARATION</b> Complete this declaration if you are an authorised representative of the superannuation section E.	n fund or other provider shown in
I declare that:  I have prepared the statement with the information supplied by the superannuation points of the statement with the information provider that the information this statement is true and correct  I am authorised by the superannuation provider to give the information in the statement.	on provided to me for the preparation of
Name (BLOCK LETTERS)	
Authorised representative signature	1
	Date  Day Month Year
Tax agent number (if you are a registered tax agent)	

# Where to send this form



Do not send this form to the ATO.

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

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

If the rollover data 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 A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for a period of five years.