



# 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.

**!** 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.

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).

## COMPLETING THIS STATEMENT

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

## Section A: Receiving fund

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**

## 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 Residential address

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

8 Date of birth  Day /  Month /  Year

9 Sex Male  Female

10 Daytime phone number (include area code)

11 Email address (if applicable)

## Section C: Rollover transaction details

! 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  Day /  Month /  Year

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.



## 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**

### 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)

Authorised representative signature

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.