

# SuperStream Transaction

Message Type	RTR
Date	25-06-2021
Conversation Id	Rollover.94573747704.3-1624574551
Conversation Part Id 1	
Context Id	MBRROLLVR01

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## Summary

Transferring Payment Reference Number	1234567890123456
Receiving Payment Reference Number	1234567890123456
Amount Paid	276.00
Transfer Whole Balance	True

## Initiator Details

Initiator Message Type	IRR
Initiator Conversation Id	Init.Conv.Id.1234567
Initiator Conversation Part Id	Init.Part.Id.1234567
Initiator Context Id	Init.Member.Id.1234567

## Transaction Details

Family Name	Test Family Name
Given Name	Test Given Name
Other Given Name	Test Other Name
DOB	15-09-1988
TFN	123456789
TFN Not Provided Indicator	False
Sex	MALE
Address usage	POS
Address	Address Line 1 Address Line 2 Address Line 3 Address Line 4
Suburb	Sydney
Postcode	2000
State	NSW
Country	au
Death Benefit Recipient Age Category	C
Death Benefit Tax Code	Q
USM Reason Code	Test reason code
USM Date	15-09-2011
SMSF ESA	AUSPOSTSMSF

## Receiving Fund Details

Organisation Name	FLEXIBLE INCOME PLAN
Product Name	FLEXIBLE INCOME PLAN
Product ABN	76746741299
Product USI	NML0427AU
Member Number	4563888
Bank Account Name	MLC Stat Fund 1
Receiving Fund BSB	123456
Bank Account Number	123456789

## Transferring Fund Details

Organisation Name	BEST SMSF
Product Name	BEST SMSF
Product ABN	99679562903
Product USI	
Member Number	A3246003
Contact Name	TFGN FNTF
Contact Email	Superstream_Enquiries@superchoice.com.au
Contact Phone	2-222222222

### Amounts

Tax Free Component	100.00
Taxable Component Taxed Element	50.00
Taxable Component Untaxed Element	25.00
KiwiSaver Tax Free Component Amount	101.00
Benefit Component Preserved	15.00
KiwiSaver Preserved Amount	15.00
Benefit Component Unrestricted	20.00
Benefit Component Restricted	20.00

### Insurance

Insurance Death Cover	100.00
Insured Total Permanent Disable Cover	25.00
Insured Income Protection Monthly Cover	25.00

### Dates and Indicators

Remaining Benefit	Y
Lost Member	Inactive Flagged
Eligible Service Period Start	15-09-2010

### Other Details

Other Details 1 Text	OD Text1
Other Details 1 Description	OD D1
Other Details 2 Text	OD Text2
Other Details 2 Description	OD D2
Other Details 3 Text	OD Text3
Other Details 3 Description	OD D3
Other Details 4 Text	OD Text4
Other Details 4 Description	OD D4

### Feedback / Response

Date
Severity
Reason Code
Description
Long Description
Refund Amount
Refund PRN