## Superannuation lump sum pre-payment statement

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum prepayment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Part 1 - SUPERANNUATION PROVIDER TO COMPLET	TE
Section A: Superannuation provider details	
1 Superannuation fund, ADF, RSA or annuity provider name	
FRANKE FAMILY SUPERFUND	
2 Postal address	
59 CASTLE STREET	
EDWARDSTOWN SA 5039	
3 Australian business number (ABN) or withholder payer number	
83429583589	
4 Authorised contact person	
DEAN FRANKE	
5 Daytime phone number	
Section B: Member's details	
6 Full name	
Title MR	
Family Name	
FRANKE	
First given name	Other given names
DEAN	

8 Date of birth

7 Postal address

59 CASTLE STREET

EDWARDSTOWN SA 5039

06/03/1960

9	Lump sum payment is calculated to the	is date	01/07/2012					
10	Superannuation lump sum components							
	Taxable component							
	Taxed element	\$	3,379.19					
	Untaxed element	\$						
	Tax-free component	\$	1,620.81					
	Total amount	\$	5,000.00					
11	Preservation amounts of the superant	nuation lump sum						
	Preserved amount	\$	4,803.94					
	Restricted non-preserved amount	\$						
	Unrestricted non-preserved amount	\$	196.06					
	Total amount	\$	5,000.00					
	ction D: Superannuation providence Date the statement is issued to the me		/ /					
13	Member is to return statement by		/ /					
14	14 Superannuation fund's, ADF's, RSA's or annuity provider's signature							
				Date	1	1		

Section C: Superannuation lump sum payment details

S	ection E: Cash am	ount						
1	Pay me a gross cash	amount of:	\$					
	I understand that this							
	may be subject to tax				1			
	You may wish superannuation fun sure you are aware roll over options.	d, ADF, RSA or a		make				
	ection F: Rollover							
2	Roll over my paymen	nt to: (provide the i	tull name of fund, l	RSA or annu	ity provider)			
	SYNERGY SUPERAN	NUATION MASTE	ER FUND					
3	Fund ABN		64924606651					
4	Superannuation fund	d, ADF, RSA or an	nuity provider pos	stal address:				
	GPO BOX 852 HOBART TAS 7000							
5	Member account nur	mber						
6	Roll over an amount	of: \$	5,000	0.00				
S	ection G: Member	r's declaration						
	I authorise m	y superannuation l	ump sum to be paid	d as instructe	d on this statement	<b>t.</b>		
	DEAN I	FRANKE						
	Signature					Date	/	/
						Date		
(	Give this completed state	ement to your super	fund. You should ke	eep a copy for	your records for a po	eriod of five years		
_		, r			·· r	<u>,</u>		

## **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.

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

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

	ee and should not be given	TO THIS MONITOR
Section A: Receiving fund's	details	
1 Australian business number (A	ABN)	64924606651
2 Name		
SYNERGY SUPERANNUATION	MASTER FUND	
3 Postal address		
GPO BOX 852 HOBART TAS 7000		
4 You must provide at least one o	of the receiving fund's num	nbers below:
Member account numb	oer	C15561
Superannuation produ	ct identification	
number (SPIN)		
Section B: Member's details	<u> </u>	
5 Tax File Number	58	36279228
6 Full name		
Title MR		
Family Name		
FRANKE		
First given name		Other given names
DEAN		
7 Postal address		
59 CASTLE STREET EDWARDSTOWN SA 5039		
8 Date of birth	06/03/1960	
9 Sex	M	
10 Daytime phone number		
11 Email address		
<ul><li>9 Sex</li><li>10 Daytime phone number</li></ul>		

## **Section C: Rollover payment details**

12 Service period start date	03/07/1978	]		
13 Rollover components:				
Tax-free component	\$	1,620.81		
Taxable component				
Element taxed in the fund	\$	3,379.19		
Element untaxed in the fund	\$			
14 Preservation amounts:				
Preserved amount	\$	4,803.94		
Restricted non-preserved amount	\$			
Unrestricted non-preserved amount	\$	196.06		
15 Contributed amounts				
Financial year ending	30/06/2013			
This rollover includes the following contributions made during to a. Employer Contributed amount	\$			
a. Employer Contributed amount				
b. Personal contributed amount	\$			
c. 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: Yo	ur details							
16 Fund's ABN			83429583589					
17 Fund's name								
FRANKE FAMI	LY SUPERFUND							
18 Contact nam	e							
DEAN FRANKE								
19 Email addres	S							
20 Daytime pho	ne number							
Telephone No								
Signature of auth	orised person							
					]			
					Date		1	1
You do not need	to send a copy of the s	tatement to the ATO	however, you must k	eep a copy for your i	records for	a period of	five ye	ars.

## PAYG Payment Summary - Superannuation Lump Sum Payment summary for year ending 30 June 2013

Payment summary for year ending 30 June 2013
Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Payee Details			
Payee's surname or family na	me	_	
FRANKE			
Payee's given name(s)		_	
DEAN			
Payee's address			
59 CASTLE STREET			
EDWARDSTOWN SA 5	039		
		<u></u>	
Date of birth	06/03/1960	]	
request. For more information www.ato.gov.au - refer to Tax  Date of payment	n about this payment summary, lodging y Pack - phone 13 28 61 01/07/2012	our tax return or an amendm	ient request, you can : - visit
		<u> </u>	
Payee's Tax File Number	586279228	Total Tax withheld	\$
Taxable component			
Taxed element	3,379		
Untaxed element		7	
Tax free component	1,620	Ī	
Death benefit		_	
Type of death benefit			
Payer Details			
Payer's ABN or Withholder I	Payer Number	Branch Number	
	83429583589		
Payer's Name			
FRANKE FAMILY SUPER	RFUND		
Signature of authorised perso	n		
			Date
			/ /