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	. - SUPE	RANNUA	TION PI	ROVIDER	TO COMPI	LETE

23/07/1968

8 Date of birth

Section A: Superannuation provider details	
1 Superannuation fund, ADF, RSA or annuity provider name	
BARBARO SUPERANNUATION FUND	
2 Postal address	
3 SEVILLE AVENUE PARA HILLS SA 5096	
3 Australian business number (ABN) or withholder payer number	
4 Authorised contact person	
BARBARA BARBARO	
5 Daytime phone number	
Section B: Member's details	
6 Full name	
Title MR	
Family Name	
BARBARO	
First given name	Other given names
PETER JOHN	
7 Postal address	
19 - 23 GRAHAM STREET WINGFIELD SA 5013	

Se	ction C: Superannuation lump	sum payment detail	ls			
9	Lump sum payment is calculated to the	22/02/2011				
10	Superannuation lump sum componer					
	Taxable component					
	Taxed element	\$	167,180.26			
	Untaxed element	\$				
	Tax-free component	\$	4,761.80			
	Total amount	\$	171,942.06			
11	Preservation amounts of the superan	nuation lump sum				
	Preserved amount	\$	171,942.06			
	Restricted non-preserved amount	\$				
	Unrestricted non-preserved amount	\$				
	Total amount	\$	171,942.06			
12 13	Date the statement is issued to the m Member is to return statement by Superannuation fund's, ADF's, RSA	ember	/ / /s signature			
				Date	/ /	

Section	n E: Cash amount			
1 Pay	me a gross cash amount of:	\$]	
	erstand that this amount be subject to tax		1	
sur	You may wish to speak with a talerannuation fund, ADF, RSA or a e you are aware of your tax oblig over options.	annuity provider to make		
	n F: Rollover payment over my payment to: (provide the	full name of fund, RSA or ann	uity provider)	
FSM B	ARBARO SUPERANNUATION	FUND		
3 Fund	IABN			
4 Supe	rannuation fund, ADF, RSA or a	nnuity provider postal address	::	
	GRAHAM STREET FIELD SA 5013			
	over an amount of:	171,942.06		
Section	n G: Member's declaration			
	I authorise my superannuation	lump sum to be paid as instruc	ted on this statement.	
	PETER JOHN BARBARO			
Signatu	ure		I	Date / /
Give th	is completed statement to your super	fund. You should keep a copy for	or your records for a period of fiv	ve years.

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.

Section A: Receiving fund's	details
1 Australian business number (ABN)
2 Name	
FSM BARBARO SUPERANNUA	ATION FUND
3 Postal address	
19 - 23 GRAHAM STREET WINGFIELD SA 5013	
4 You must provide at least one of	of the receiving fund's numbers below :
Member account numb	per
Superannuation produ number (SPIN)	ict identification
Section B: Member's detail	ls .
5 Tax File Number	150398513
6 Full name	
Title MR	
Family Name	
BARBARO	
First given name	Other given names
PETER JOHN	
7 Postal address	
19 - 23 GRAHAM STREET WINGFIELD SA 5013	
8 Date of birth	23/07/1968
9 Sex	M
10 Daytime phone number	
11 Email address	

Section C: Rollover payment details

12 Service period start date	07/04/1997	
13 Rollover components:		
Tax-free component	\$	4,761.80
Taxable component		
Element taxed in the fund	\$	167,180.26
Element untaxed in the fund	\$	
14 Preservation amounts:		
Preserved amount	\$	171,942.06
Restricted non-preserved amount	\$	
Unrestricted non-preserved amount	\$	
15 Contributed amounts		
Financial year ending	30/0	06/2011
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: You	ır details										
16 Fund's ABN											
17 Fund's name											
BARBARO SUPI	ERANNUAT	ION FUND									
18 Contact name											
BARBARA BARI	BARO										
19 Email address											
20 Daytime phone	e number										
Telephone No											
Signature of autho	orised person										
							Date		1	1	
You do not need to	send a copy of	of the statement	to the ATO l	however, you	ı must keep a	copy for your	records for	r a period	l of five y	ears.	

PAYG Payment Summary - Superannuation Lump Sum Payment summary for year ending 30 June 2011

Payment summary for year ending 30 June 2011
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 nam	ne			
BARBARO				
Payee's given name(s)		_		
PETER JOHN				
Payee's address				
19 - 23 GRAHAM STREET	,			
WINGFIELD SA 5013				
Date of birth	23/07/1968]		
withheld, you may still have to	nyment summary shows an amount in the polodge a tax return. If you have already landbout this payment summary, lodging you have a phone 13 28 61	odged your tax return, you m	ay need to	lodge an amendment
Date of payment	22/02/2011			
Payee's Tax File Number	150398513	Total Tax withheld	\$	
Taxable component				
Taxed element	167,180			
Untaxed element				
Tax free component	4,761			
Death benefit		_		
Type of death benefit				
Payer Details				
Payer's ABN or Withholder Pa	ayer Number	Branch Number		
Payer's Name				
BARBARO SUPERANNUA	ATION FUND			
Signature of authorised person				
				Date
				/ /