

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 pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Part 1 - SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

THE CHRISTINA SLATER SUPERANNUATION FUND

2 Postal address

101 MELVILLE PARADE
COMO WA 6152

3 Australian business number (ABN) or withholder payer number

85052174100

4 Authorised contact person

ROBERT JOHN WOODGATE

5 Daytime phone number

Section B: Member's details

6 Full name

Title

Family Name

SLATER

First given name

Other given names

LESLIE CHRISTINA

7 Postal address

UNIT 3
32 HOLMESDALE ROAD
WOODBIDGE WA 6056

8 Date of birth

25/12/1943

Section C: Superannuation lump sum payment details**9 Lump sum payment is calculated to this date****10 Superannuation lump sum components**

Taxable component

Taxed element Untaxed element Tax-free component **Total amount** **11 Preservation amounts of the superannuation lump sum**Preserved amount Restricted non-preserved amount Unrestricted non-preserved amount **Total amount**

Section D: Superannuation provider's signature**12 Date the statement is issued to the member****13 Member is to return statement by****14 Superannuation fund's, ADF's, RSA's or annuity provider's signature**

Date

Section E: Cash amount

1 Pay me a gross cash amount of:

I understand that this amount
may be subject to tax

! You may wish to speak with a tax professional or your
superannuation fund, ADF, RSA or annuity provider to make
sure you are aware of your tax obligations and superannuation
roll over options.

Section F: Rollover payment

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

3 Fund ABN

4 Superannuation fund, ADF, RSA or annuity provider postal address:

5 Member account number

6 Roll over an amount of:

Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

LESLIE CHRISTINA
SLATER

Signature

Date

Give this completed statement to your super fund. You should keep a copy for your records for a period of five years.

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2008

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 name

SLATER

Payee's given name(s)

LESLIE CHRISTINA

Payee's address

UNIT 3

32 HOLMESDALE ROAD

WOODBIDGE WA 6056

Date of birth

25/12/1943

NOTICE TO PAYEE If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit www.ato.gov.au - refer to TaxPack - phone 13 28 61

Date of payment

30/06/2008

Payee's Tax File Number

621541097

Total Tax withheld

\$

Taxable component

Taxed element

2,247

Untaxed element

Tax free component

67,752

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

85052174100

Branch Number

Payer's Name

THE CHRISTINA SLATER SUPERANNUATION FUND

Signature of authorised person

Date

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