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
D & M BRAKE SUPERANNUATION FUND
2 Postal address
141 QUEEN STREET
CLEVELAND QLD 4163
3 Australian business number (ABN) or withholder payer number
44403256120
4 Authorised contact person
SHONA SHERMAN
5 Daytime phone number
07 32861322
Section B: Member's details
6 Full name
Title
Family Name
BRAKE
First given name Other given names
DAVID NORTH
7 Postal address
125 BOSWELL TERRACE

8 Date of birth	26/03/19
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MANLY QLD 4179

Section C: Superannuation lump sum payment details							
9	Lump sum payment is calculated to	this date	21/03/2014				
10	Superannuation lump sum compon	ents	_				
	Taxable component						
	Taxed element	\$	20,000.00				
	Untaxed element	\$					
	Tax-free component	\$					
	KiwiSaver tax-free component	\$					
	Total amount	\$	20,000.00				
11	Preservation amounts of the super	annuation lump sum					
	Preserved amount	\$	20,000.00				
	Restricted non-preserved amount	\$					
	Unrestricted non-preserved amount	\$					
	Total amount	\$	20,000.00				
Se	ction D: Superannuation pro	vider's signature					
12	Date the statement is issued to the	member	1 1				
13	Member is to return statement by		1 1				
14	Superannuation fund's, ADF's, RSA	's or annuity provider's	s signature				
				Date	1	1	

1	Pay me a gross cas		\$	20,000.00]			
	may be subject to tax							
	You may wish superannuation fun sure you are aware roll over options.	d, ADF, RSA or an	nuity provider t	o make				
Se	ection F: Rollove	r payment						
2	Roll over my payme	nt to: (provide the	full name of fu	nd, RSA or a	nnuity provider)			
3	Fund ABN]			
4	Superannuation fund	d, ADF, RSA or an	nuity provider	postal addre	ss:			
5	Member account nu	mber						
6	Roll over an amount	of: \$						
S	ection G: Membe	r's declaration	1					
	I authorise m	/ superannuation I	ump sum to be	paid as instr	ucted on this statement.			
	DAVID NORTI	H BRAKE						
S	Signature					Date	1	1
G	Give this completed state	ment to your super f	und. You should	keep a copy fo	or your records for a period	of five years.		

Section E: Cash amount

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2014

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.

Date of payment Taxable component Untaxed element Tax free component KiwiSaver tax-free component Death benefit Death benefit Type of death benefit	Payee Details				
Payee's given name(s) DaVID NORTH Payee's address 125 BOSWELL TERRACE MANLY OLD 4179 Date of birth 2603/1956 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 sti wave to lodge a tax return, by on have already lodged your tax return, you may need to lodge an amendment request. For more information about this sayment 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 21,03/2014 Payee's Tax File Number 482090487 Total Tax withheld \$ Total Tax withheld \$ Unitaxed element 20,000 Unitaxed element 20,000 Unitaxed element Branch Number Branch Number 44403256120 Payer's ABN or Withholder Payer Number Branch Number 44403256120 Payer's Name Date Market Superannutation Fund Signature of authorised person	Payee's surname or family name				
Date of birth Date of payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may set aware to lodge an ammendment request. For more information about this sayment 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 Date of payment	BRAKE]		
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Payer's Name D & M BRAKE SUPERANNUATION FUND Signature of authorised person Date	Payer Details				
Payer's Name D & M BRAKE SUPERANNUATION FUND Signature of authorised person Date	Payer's ABN or Withholder Payer	Number	Branch Number		
D & M BRAKE SUPERANNUATION FUND Signature of authorised person Date	44	1403256120			
Signature of authorised person Date	Payer's Name				
Date	D & M BRAKE SUPERANNUATION	ON FUND			
	Signature of authorised person			7	
					Date
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