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 COMPLETE
Section A: Superannuation provider details
1 Superannuation fund, ADF, RSA or annuity provider name
THE ROBDOWN SUPERANNUATION FUND
2 Postal address
22 WESTHOFF ROAD NORTHGATE QLD 4013
3 Australian business number (ABN) or withholder payer number
18965338768
4 Authorised contact person
IVAN ROBERT CUK
5 Daytime phone number
Section B: Member's details
6 Full name
Title
Family Name
CUK
First given name Other given names
IVAN ROBERT
7 Postal address
22 WESTHOFF ROAD

NORTHGATE QLD 4013

27/04/1951

8 Date of birth

9	Lump sum payment is calculated to the	is date	20/06/2016						
10	Superannuation lump sum componer	ats							
	Taxable component								
	Taxed element	\$	6,282.36						
	Untaxed element	\$							
	Tax-free component	\$	18,717.39						
	KiwiSaver tax-free component	\$							
	Total amount	\$	24,999.75						
11	Preservation amounts of the superan	nuation lump sum							
	Preserved amount	\$							
	Restricted non-preserved amount	\$							
	Unrestricted non-preserved amount	\$	24,999.75						
	Total amount	\$	24,999.75						
Se	Section D: Superannuation provider's signature								
12	Date the statement is issued to the m	ember	/ /						
13	Member is to return statement by		/ /						
14	Superannuation fund's, ADF's, RSA	's or annuity provid	er's signature						
				Date	/ /				

Section C: Superannuation lump sum payment details

1 Pay me a gross cash amount of: \$ 24,999.75 I understand that this amount may be subject to tax ② 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. IVAN ROBERT CUK	Section E: Ca	sh amount						
may be subject to tax	Pay me a gro	oss cash amount of:	\$	24,999.75				
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 Roll over my payment to: (provide the full name of fund, RSA or annuity provider) Fund ABN Superannuation fund, ADF, RSA or annuity provider postal address: Member account number Roll over an amount of: Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. IVAN ROBERT CUK								
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. IVAN ROBERT CUK	superannuat sure you are	tion fund, ADF, RSA e aware of your tax of	A or annuity provider	to make				
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. IVAN ROBERT CUK	Section F: Ro	ollover payment						
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. IVAN ROBERT CUK	Roll over my	payment to: (provide	e the full name of fun	d, RSA or annuity	provider)			
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. IVAN ROBERT CUK								
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. IVAN ROBERT CUK	Fund ABN							
Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. IVAN ROBERT CUK	Superannuati	ion fund, ADF, RSA	or annuity provider	postal address:				
Section G: Member's declaration Iauthorise my superannuation lump sum to be paid as instructed on this statement. IVAN ROBERT CUK								
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Iauthorise my superannuation lump sum to be paid as instructed on this statement. IVAN ROBERT CUK			\$					
IVAN ROBERT CUK	Section G: M	lember's declarat	tion					
	Iauth	orise my superannua	tion lump sum to be p	aid as instructed or	this statement.			
Signature Date / /	IVA	N ROBERT CUK						
Signature Date / /	ſ]		
Date	Signature					Date	1	1
	l	<u> </u>				I		
Give this completed statement to your super fund. You should keep a copy for your records for a period of five years.	Give this comple	eted statement to your	super fund. You should	l keep a copy for you	r records for a period	of five years	s.	

PAYG Payment Summary - Superannuation Lump Sum Payment summary for year ending 30 June 2016

Payment summary for year ending 30 June 2016
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				
CUK				
Payee's given name(s)		_		
IVAN ROBERT				
Payee's address				
22 WESTHOFF ROAD				
NORTHGATE QLD 4013				
Date of birth	27/04/1951			
	odge a tax return. If you have already lodg bout this payment summary, lodging your k - phone 13 28 61			
Date of payment	20/06/2016	_		
Payee's Tax File Number	615109675	Total Tax withheld	\$	
Taxable component				
Taxed element	6,282			
Untaxed element				
Tax free component	18,717			
KiwiSaver tax-free component				
Death benefit		_		
Type of death benefit				
Payer Details				
Payer's ABN or Withholder Payer	er Number	Branch Number		
18	965338768			
Payer's Name				
THE ROBDOWN SUPERANT	NUATION FUND			
Signature of authorised person			7	
				ъ.
				Date
				/ /