

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

SAYWELL SUPERANNUATION FUND

2 Postal address

PO BOX 329
BROADBEACH QLD 4218

3 Australian business number (ABN) or withholder payer number

51803219814

4 Authorised contact person

IVOR BRUCE SAYWELL

5 Daytime phone number

0755 383424

Section B: Member's details

6 Full name

Title

Family Name

SAYWELL

First given name

Other given names

IVOR BRUCE

7 Postal address

PO BOX 329
BROADBEACH QLD 4218

8 Date of birth

09/11/1942

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

25/02/2015

10 Superannuation lump sum components

Taxable component

Taxed element

\$

Untaxed element

\$

Tax-free component

\$

340,000.00

KiwiSaver tax-free component

\$

Total amount

\$

340,000.00

11 Preservation amounts of the superannuation lump sum

Preserved amount

\$

Restricted non-preserved amount

\$

Unrestricted non-preserved amount

\$

340,000.00

Total amount

\$

340,000.00

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

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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)

IS2 SUPERANNUATION FUND

3 Fund ABN

92330515057

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

PO BOX 2005
BROADBEACH QLD 4218

5 Member account number

6 Roll over an amount of:

\$ 340,000.00

Section G: Member's declaration

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

IVOR BRUCE
SAYWELL

Signature

Date

/ /

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

1 Australian business number (ABN)

92330515057

2 Fund name

IS2 SUPERANNUATION FUND

3 Postal address

PO BOX 2005
BROADBEACH QLD 4218

4 You must provide at least one of the receiving fund's numbers below :

(a) Unique superannuation identifier (USI)

(b) Member client identifier

Section B: Member's details

5 Tax File Number (TFN)

261515653

6 Full name

Title MR

Family Name

SAYWELL

First given name

Other given names

IVOR BRUCE

7 Residential address

PO BOX 329
BROADBEACH QLD 4218

8 Date of birth

09/11/1942

9 Sex

M

10 Daytime phone number (include area code)

0755 383424

11 Email address (if applicable)

Section C: Rollover transaction details

12 Service period start date

20/06/2011

13 Tax components

Tax-free component

\$ 340,000.00

KiwiSaver tax-free component

\$

Taxable component:

Element taxed in the fund

\$

Element untaxed in the fund

\$

Tax components TOTAL

\$ 340,000.00

14 Preservation amounts

Preserved amount

\$

KiwiSaver preserved amount

\$

Restricted non-preserved amount

\$

Unrestricted non-preserved amount

\$ 340,000.00

Preservation amounts TOTAL

\$ 340,000.00

Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006

\$

Section E: Transferring fund

16 Fund ABN

51803219814

17 Fund name

SAYWELL SUPERANNUATION FUND

18 Contact name

IVOR BRUCE SAYWELL

19 Daytime phone number (include area code)

Telephone No

0755 383424

20 Email address (if applicable)

Signature of authorised person

Date

/ /

You do not need to send a copy of the statement to the ATO however, you must 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 2015

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

SAYWELL

Payee's given name(s)

IVOR BRUCE

Payee's address

PO BOX 329

BROADBEACH QLD 4218

Date of birth

09/11/1942

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

25/02/2015

Payee's Tax File Number

261515653

Total Tax withheld

\$

Taxable component

Taxed element

Untaxed element

Tax free component

340,000

KiwiSaver tax-free component

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

51803219814

Branch Number

Payer's Name

SAYWELL SUPERANNUATION FUND

Signature of authorised person

Date

/ /