

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

MATOLA PTY LTD SUPERANNUATION FUND

2 Postal address

C/- MARSH TINCKNELL SUPER
PO BOX 6243
UPPER MOUNT GRAVATT QLD 4122

3 Australian business number (ABN) or withholder payer number

71615757499

4 Authorised contact person

MARI ASHTED

5 Daytime phone number

07 34228000

Section B: Member's details

6 Full name

Title

Family Name

COBBIN

First given name

Other given names

JENNIFER CAROLYNE

7 Postal address

UNIT 21
24 MORAY STREET
NEW FARM QLD 4005

8 Date of birth

24/12/1943

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

01/07/2010

10 Superannuation lump sum components

Taxable component

Taxed element \$ 32,825.04

Untaxed element \$

Tax-free component \$

Total amount \$ 32,825.04**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$ 32,825.04

Total amount \$ 32,825.04

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.

JENNIFER
CAROLYNE COBBIN


Signature

Date

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's details

1 Australian business number (ABN)

2 Name

MATOLA PTY LTD SUPERANNUATION FUND

3 Postal address

17 ARGON STREET
SUMNER PARK QLD 4074

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

Member account number

Superannuation product identification
number (SPIN)

Section B: Member's details

5 Tax File Number

483 979 483

6 Full name

Title

Family Name

COBBIN

First given name

Other given names

JENNIFER CAROLYNE

7 Postal address

UNIT 21
24 MORAY STREET
NEW FARM QLD 4005

8 Date of birth

24/12/1943

9 Sex

F

10 Daytime phone number

11 Email address

Section C: Rollover payment details

12 Service period start date

12/04/1979

13 Rollover components:

Tax-free component

\$

Taxable component

Element taxed in the fund

\$	32,825.04
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Element untaxed in the fund

\$

14 Preservation amounts:

Preserved amount

\$

Restricted non-preserved amount

\$

Unrestricted non-preserved amount

\$	32,825.04
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15 Contributed amounts

Financial year ending

30/06/2011

This rollover includes the following contributions made during the current financial year.

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: Your details

16 Fund's ABN

71615757499

17 Fund's name

MATOLA PTY LTD SUPERANNUATION FUND

18 Contact name

MARI ASHTED

19 Email address

20 Daytime phone number

Telephone No

07 34228000

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 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 name

COBBIN

Payee's given name(s)

JENNIFER CAROLYNE

Payee's address

UNIT 21

24 MORAY STREET

NEW FARM QLD 4005

Date of birth

24/12/1943

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

01/07/2010

Payee's Tax File Number

483 979 483

Total Tax withheld

\$

Taxable component

Taxed element

32,825

Untaxed element

Tax free component

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

71615757499

Branch Number

Payer's Name

MATOLA PTY LTD SUPERANNUATION FUND

Signature of authorised person

Date

/ /