

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

GKM SUPERANNUATION FUND

2 Postal address

326 PRIESTDALE ROAD
ROCHEDALE QLD 4123

3 Australian business number (ABN) or withholder payer number

46625060367

4 Authorised contact person

GRAHAM FRANK MILLS

5 Daytime phone number

Section B: Member's details

6 Full name

Title

Family Name

TAIT

First given name

Other given names

ALICE MARY

7 Postal address

7 PARLOUR PLACE
ROBINA QLD 4226

8 Date of birth

23/05/1986

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

17/04/2013

10 Superannuation lump sum components

Taxable component

Taxed element \$ 20,219.47

Untaxed element \$

Tax-free component \$ 1,100.70

Total amount \$ 21,320.17**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$ 21,320.17

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

Total amount \$ 21,320.17

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)

SUNSUPER PTY LTD

3 Fund ABN

88010720840

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

GPO BOX 2924
BRISBANE QLD 4001

5 Member account number

6 Roll over an amount of:

\$

21,320.17

Section G: Member's declaration

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

ALICE MARY TAIT

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's details

1 Australian business number (ABN)

88010720840

2 Name

SUNSUPER PTY LTD

3 Postal address

GPO BOX 2924
BRISBANE QLD 4001

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

424708072

6 Full name

Title

Family Name

TAIT

First given name

Other given names

ALICE MARY

7 Postal address

7 PARLOUR PLACE
ROBINA QLD 4226

8 Date of birth

23/05/1986

9 Sex

M

10 Daytime phone number

11 Email address

Section C: Rollover payment details

12 Service period start date

23/06/2003

13 Rollover components:

Tax-free component

\$	1,100.70
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Taxable component

Element taxed in the fund

\$	20,219.47
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Element untaxed in the fund

\$	
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14 Preservation amounts:

Preserved amount

\$	21,320.17
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Restricted non-preserved amount

\$	
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Unrestricted non-preserved amount

\$	
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15 Contributed amounts

Financial year ending

30/06/2013

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

46625060367

17 Fund's name

GKM SUPERANNUATION FUND

18 Contact name

GRAHAM FRANK MILLS

19 Email address

20 Daytime phone number

Telephone No

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 2013

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

TAIT

Payee's given name(s)

ALICE MARY

Payee's address

7 PARLOUR PLACE

ROBINA QLD 4226

Date of birth

23/05/1986

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

17/04/2013

Payee's Tax File Number

424708072

Total Tax withheld

\$

Taxable component

Taxed element

20,219

Untaxed element

Tax free component

1,100

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

46625060367

Branch Number

Payer's Name

GKM SUPERANNUATION FUND

Signature of authorised person

Date

/ /