

# 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**

ROBERT FALZON MARKETING SUPERANNUATION FUND

**2 Postal address**

145 HIGHWOOD ROAD  
THE GAP QLD 4061

**3 Australian business number (ABN) or withholder payer number**

66996249362

**4 Authorised contact person**

ROBERT FALZON

**5 Daytime phone number**

0412 745734

### Section B: Member's details

**6 Full name**

Title MRS

Family Name

FALZON

First given name

Other given names

ALICIA

**7 Postal address**

145 HIGHWOOD ROAD  
THE GAP QLD 4061

**8 Date of birth**

17/03/1960

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

30/06/2016

**10 Superannuation lump sum components**

Taxable component

Taxed element \$ 2,125.00

Untaxed element \$

Tax-free component \$

KiwiSaver tax-free component \$

**Total amount** \$ 2,125.00**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$ 2,125.00

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

**Total amount** \$ 2,125.00

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**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

/ /


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**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.

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**Section F: Rollover payment**

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

ROBERT FALZON MARKETING SUPERANNUATION FUND

3 Fund ABN

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

PO BOX 21  
THE GAP QLD 4061

5 Member account number

6 Roll over an amount of:

\$

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**Section G: Member's declaration**

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

ALICIA FALZON

Signature

Date


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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)

2 Fund name

ROBERT FALZON MARKETING SUPERANNUATION FUND

3 Postal address

PO BOX 21  
THE GAP QLD 4061

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)

484112933

6 Full name

Title MRS

Family Name

FALZON

First given name

Other given names

ALICIA

7 Residential address

145 HIGHWOOD ROAD  
THE GAP QLD 4061

8 Date of birth

17/03/1960

9 Sex

F

10 Daytime phone number (include area code)

0412 745734

11 Email address (if applicable)

## Section C: Rollover transaction details

### 12 Service period start date

01/04/1992
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### 13 Tax components

Tax-free component

\$
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KiwiSaver tax-free component

\$
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Taxable component:

Element taxed in the fund

\$	2,125.00
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Element untaxed in the fund

\$
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**Tax components TOTAL**

\$	2,125.00
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### 14 Preservation amounts

Preserved amount

\$	2,125.00
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KiwiSaver preserved amount

\$
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Restricted non-preserved amount

\$
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Unrestricted non-preserved amount

\$
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**Preservation amounts TOTAL**

\$	2,125.00
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## Section D: Non-complying funds

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

\$
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**Section E: Transferring fund**

**16 Fund ABN**

66996249362

**17 Fund name**

ROBERT FALZON MARKETING SUPERANNUATION FUND

**18 Contact name**

ROBERT FALZON

**19 Daytime phone number** (include area code)

Telephone No

0412 745734

**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 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

FALZON

Payee's given name(s)

ALICIA

Payee's address

145 HIGHWOOD ROAD

THE GAP QLD 4061

Date of birth

17/03/1960

**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](http://www.ato.gov.au) - refer to TaxPack - phone 13 28 61

Date of payment

30/06/2016

Payee's Tax File Number

484112933

Total Tax withheld

\$

Taxable component

Taxed element

2,125

Untaxed element

Tax free component

KiwiSaver tax-free component

Death benefit

Type of death benefit

## Payer Details

Payer's ABN or Withholder Payer Number

66996249362

Branch Number

Payer's Name

ROBERT FALZON MARKETING SUPERANNUATION FUND

Signature of authorised person

Date

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