

# 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.

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## Part 1 - SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

#### 1 Superannuation fund, ADF, RSA or annuity provider name

DAVID URQUHART SWIM SCHOOL PTY LTD SUPERANNUATION FUND

#### 2 Postal address

46 SUNSHINE BOULEVARD  
BROADBEACH WATERS QLD 4218

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

98392016430

#### 4 Authorised contact person

DAVID LESLIE URQUHART

#### 5 Daytime phone number

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### Section B: Member's details

#### 6 Full name

Title

Family Name

URQUHART

First given name

Other given names

DAVID LESLIE

#### 7 Postal address

46 SUNSHINE BOULEVARD  
BROADBEACH WATERS QLD 4218

#### 8 Date of birth

25/05/1948

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

15/06/2014

**10 Superannuation lump sum components**

Taxable component

Taxed element \$ 3,272.57

Untaxed element \$

Tax-free component \$ 677.43

KiwiSaver tax-free component \$

**Total amount** \$ 3,950.00**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$ 3,950.00

**Total amount** \$ 3,950.00

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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)

3 Fund ABN

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

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.*

DAVID LESLIE  
URQUHART

Signature

Date

Give this completed statement to your super fund. You should 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 2014

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

URQUHART

Payee's given name(s)

DAVID LESLIE

Payee's address

46 SUNSHINE BOULEVARD

BROADBEACH WATERS QLD 4218

Date of birth

25/05/1948

**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

15/06/2014

Payee's Tax File Number

475953387

Total Tax withheld

\$

### Taxable component

Taxed element

3,272

Untaxed element

Tax free component

677

KiwiSaver tax-free component

Death benefit

Type of death benefit

### Payer Details

Payer's ABN or Withholder Payer Number

98392016430

Branch Number

Payer's Name

DAVID URQUHART SWIM SCHOOL PTY LTD SUPERANNUATION FUND

Signature of authorised person

Date

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