

# 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

2 Postal address

Suburb/town/locality

State/territory

Postcode

3 Australian business number (ABN) or withholder payer number

4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

### Section B: Member's details

6 Your full name

Title:

Family name

First given name

Other given names

7 Current postal address

Suburb/town/locality

State/territory

Postcode

8 Date of birth

Section C: **Superannuation lump sum payment details**

9 Lump sum payment is calculated to this date

10 Superannuation lump sum components

Taxable component	
Taxed element	\$
Untaxed element	\$
Tax-free component	
	\$
Total amount	\$

11 Preservation amounts of the superannuation lump sum

Preserved amount	\$
Restricted non-preserved	\$
Unrestricted non-preserved	\$
Total amount	\$

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

## PART 2 – MEMBER TO COMPLETE

### Section E: Cash amount

**1 Pay me a gross cash amount of: \$**

I understand that this amount  
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**!** 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:**

Suburb/town/locality

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Postcode

**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.*

Name (print in block letters)

Signature

Date

**!** You should keep a copy of the statement for your records for a period of five years.

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.

Section A: Payee details

Tax file number

Surname or family name

Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Day

Month

Year

Date of birth (if known)

Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$


Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

Australian business number (ABN) or withholding payer number (WPN)

Branch number

 You must also complete this section

Name (use the same name that appears on your activity statement)

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6 Your full name

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Taxable component

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Untaxed element                      \$

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Taxable component

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Untaxed element \$

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6 Your full name

Title:

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Other given names

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Family name

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Other given names

5 Daytime phone number (include area code)

### Section B: Member's details

6 Your full name

Title:

Family name

First given name

Other given names

7 Current postal address

Suburb/town/locality

State/territory

Postcode

8 Date of birth

---

## Section C: **Superannuation lump sum payment details**

**9 Lump sum payment is calculated to this date**

**10 Superannuation lump sum components**

Taxable component

Taxed element                      \$

Untaxed element                      \$

Tax-free component                      \$

**Total amount                      \$**

**11 Preservation amounts of the superannuation lump sum**

Preserved amount                      \$

Restricted non-preserved                      \$

Unrestricted non-preserved                      \$

**Total amount                      \$**

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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

## PART 2 – MEMBER TO COMPLETE

### 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:**

Suburb/town/locality

State/territory

Postcode

**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.*

Name (print in block letters)

Signature

Date

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Section A: Payee details

Tax file number

Surname or family name

Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Day

Month

Year

Date of birth (if known)

Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$


Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

Australian business number (ABN) or withholding payer number (WPN)

Branch number

 You must also complete this section

Name (use the same name that appears on your activity statement)

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Date

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## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

2 Postal address

Suburb/town/locality

State/territory

Postcode

3 Australian business number (ABN) or withholder payer number

4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

### Section B: Member's details

6 Your full name

Title:

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Other given names

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Date of payment

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Postcode

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Title:

Family name

First given name

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Date of payment

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Taxable component

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Untaxed element \$

Tax-free component \$


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Suburb/town/locality

State/territory

Postcode

3 Australian business number (ABN) or withholder payer number

4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

### Section B: Member's details

6 Your full name

Title:

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Other given names

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Suburb/town/locality

State/territory

Postcode

**5 Member account number**

**6 Roll over an amount of: \$**

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Name (print in block letters)

**Signature**

Date

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Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Day

Month

Year

Date of birth (if known)

Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$


Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

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## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

2 Postal address

Suburb/town/locality

State/territory

Postcode

3 Australian business number (ABN) or withholder payer number

4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

### Section B: Member's details

6 Your full name

Title:

Family name

First given name

Other given names

7 Current postal address

Suburb/town/locality

State/territory

Postcode

8 Date of birth

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## Section D: **Superannuation provider's signature**

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Tax file number

Surname or family name

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Postcode

Day

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Year

Date of birth (if known)

Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$


Is this payment a death benefit? No Yes

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## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

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Suburb/town/locality

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Family name

First given name

Other given names

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Untaxed element                      \$

Tax-free component                      \$

**Total amount                      \$**

**11 Preservation amounts of the superannuation lump sum**

Preserved amount                      \$

Restricted non-preserved                      \$

Unrestricted non-preserved                      \$

**Total amount                      \$**

---

## 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

## PART 2 – MEMBER TO COMPLETE

### 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:**

Suburb/town/locality

State/territory

Postcode

**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.*

Name (print in block letters)

**Signature**

Date

**!** You should keep a copy of the statement for your  
records for a period of five years.

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.

Section A: Payee details

Tax file number

Surname or family name

Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Day

Month

Year

Date of birth (if known)

Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$


Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

Australian business number (ABN) or withholding payer number (WPN)

Branch number

 You must also complete this section

Name (use the same name that appears on your activity statement)

Privacy – For information about your privacy visit our website at [ato.gov.au/privacy](https://ato.gov.au/privacy)

DECLARATION – I declare that the information given on this form is complete and correct.

Signature of authorised person

Date

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

# 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

2 Postal address

Suburb/town/locality

State/territory

Postcode

3 Australian business number (ABN) or withholder payer number

4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

### Section B: Member's details

6 Your full name

Title:

Family name

First given name

Other given names

7 Current postal address

Suburb/town/locality

State/territory

Postcode

8 Date of birth

---

## Section C: **Superannuation lump sum payment details**

**9 Lump sum payment is calculated to this date**

**10 Superannuation lump sum components**

Taxable component

Taxed element                      \$

Untaxed element                      \$

Tax-free component                      \$

**Total amount                      \$**

**11 Preservation amounts of the superannuation lump sum**

Preserved amount                      \$

Restricted non-preserved                      \$

Unrestricted non-preserved                      \$

**Total amount                      \$**

---

## 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

## PART 2 – MEMBER TO COMPLETE

### 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:**

Suburb/town/locality

State/territory

Postcode

**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.*

Name (print in block letters)

**Signature**

Date

**!** You should keep a copy of the statement for your records for a period of five years.

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.

Section A: Payee details

Tax file number

Surname or family name

Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Day Month Year

Date of birth (if known)

Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$

Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

Australian business number (ABN) or withholding payer number (WPN)

Branch number

 You must also complete this section

Name (use the same name that appears on your activity statement)

Privacy – For information about your privacy visit our website at [ato.gov.au/privacy](https://ato.gov.au/privacy)

DECLARATION – I declare that the information given on this form is complete and correct.

Signature of authorised person

Date

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