## 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 pro	vider	details
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•	Superannuation fund, ADF, RSA or annui	ty provider name				
2	Postal address					
Subi	urb/town/locality		State/territory	Postcode		
3	Australian business number (ABN) or withholder payer number					
<b>4</b> Title Fam	Authorised contact person ily name					
First	given name	Other given names				
5	Daytime phone number (include area code)					
Se	ection B: <b>Member's details</b>					
6	Your full name					
Title Fam	: ily name					
First	given name	Other given names				
7	Current postal address					
Subi	urb/town/locality		State/territory	Postcode		
8	Date of birth					

,	calculated to this date					
10	Superannuation lump su	m components				
	Taxable component					
	Taxed element	\$				
	Untaxed element	\$				
	Tax-free component	\$				
	Total amount	\$				
11	Preservation amounts of	f the superannuation lump sum				
	Preserved amount	\$				
	Restricted non-preserved	\$				
	Unrestricted non-preserved	\$				
	Total amount	\$				
Se	ection D: Superan	nuation provider's signature				
12	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 C: Superannuation lump sum payment details

## PART 2 - MEMBER TO COMPLETE Section E: Cash amount 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 Roll over my payment to: (provide the full name of fund, RSA or annuity provider) **Fund ABN** 3 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.

lodged with the Australian	i Tax Office a	na snoula not	be given to fun	ia members.				
Section A: <b>Payee de</b>	tails							
Tax file number								
Surname or family name								
Given name(s)								
Residential address								
Suburb/town/locality							State/territory	Postcode
Date of birth (if known)	Day Moi	nth N	/ear					
Section B: <b>Payment</b>	details							
Date of payment								
TOTAL TAX WITHHE	LD \$							
Taxable component								
Taxed element	\$							
Untaxed element	\$							
Tax-free component	\$							
ls this payment a dea	th benefit?	No	Yes					
Type of death benefit		Trustee of	deceased est	ate	or Non-o	dependant		
Section C: <b>Payer de</b>	tails			Australian bu	usiness numl	ber (ABN) or with	holding payer numb	
You n		omplete this						Branch number
<b>Privacy</b> – For information a	bout your prive	acy visit our wel	osite at <b>ato.gov.</b>	au/privacy				
DECLARATION – I declare	that the inform	nation given on	this form is com	plete and corr	ect.			
Signature of authorised person						Date		

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be