

Australian Government

Australian Taxation Office

Super transfer balance account report

Who should complete this report?

Super providers and life insurance companies should complete this report when:

- m there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- mincorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- muthe retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

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■ Place X in ALL applicable boxes.



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Section A: Member details	
Tax file number (TFN) 3 1 9 7 3 0 0 9 3	
You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy	
2 Name	
Fitle: Mr X Mrs Miss Ms Other	
Family name	
First given name Other given names	
DAVID	
3 Date of birth 1 7 / 0 5 / 1 9 4 4	
Date of birth	
4 Current residential address	
2 1 3 0 K I NG LAKE ROAD	
Suburb/town	Postcode
ST ANDREWS VIC	3 7 6 1
Country if other than Australia (Australia only)	(Australia only)

Se	ction B: Cancellation
5	Are you cancelling a previous transfer balance account event?
	Yes Yes Complete this report exactly the same as the original event. If you previously reported multiple events you only need to include details of the event/s you wish to cancel. Refer to the instructions for more information on how to cancel a previous report.
 Se	ction C: Fund/Supplier/Provider details
0	f you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6	Intermediary/Supplier name
S	HANE ELLIOTT
7	Australian business number (ABN) 1 7 5 3 4 6 6 4 1 8 3
	Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
8	Fund/Provider name
L	ANCE SUPERANNUATION FUND
9	Fund/Provider ABN 1 2 4 4 8 2 8 7 9 1 5
10	Fund/Provider TFN 4 4 6 9 8 1 5 3
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Se	ction D-1: Event one
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.
11	Is the first event:
•	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event X Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority
-	An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment
	A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report. Refer to the instructions for more information.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Child death benefit income stream
	Child reversionary income stream
	So to Event details on the next page.
14	Other transfer balance cap event Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select Member commutation event type.
	Do not use this event type if you are responding to a commutation authority from the ATO. Event type:
	Member commutation X
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	Go to Event details on the next page.

Other information 15 Total super balance Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance. Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018. Event type: Retirement phase value (30 June 2018 only) Accumulation phase value 16 Concessional contributions Information regarding the notional taxed contributions of a member. Only use this event type if you are reporting information for your member's notional taxed contributions. Event type: Uncapped notional taxed contributions (from 2017-18 financial year onwards) **Event details** 1 You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority - defined benefit. Refer to the instructions for more information on how to complete this section. 17 Effective date 5 0 8 0 18 Value Use the special value for a capped defined benefit income stream \$ 19 If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system) Only complete this question if the Reporting event type is Commutation authority - commuted in full or Commutation authority - commuted in part. If unknown leave this question blank. Yes No Section E-1: Member account details Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question. 20 Member account type Account-based income stream Capped defined benefit income stream just before 1 July 2017 Market-linked capped defined benefit income stream just before 1 July 2017 Capped defined benefit income stream on or after 1 July 2017 21 Is the account closed? No X Yes 22 Unique superannuation identifier (USI) If you don't have a USI leave this question blank 23 Member account number 24 Member client identifier (number) If you don't have a member client identifier leave this question blank

Section G: Declarations	
Complete the declaration that applies to you. Print your full name then sign and date the	ne declaration.
Before you sign the declaration, check that you have provided true and correct info giving false or misleading information.	ormation. Penalties may be imposed for
Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the sup I declare that the information contained in the statement is true and correct.	per provider.
Name S H A N E E L L I O T T Business hours phone number (include area code) 0 3 9 7 3 7 6 2 9 2	
Trustee, director or authorised officer signature	
Tow town	Date 15 / 08 / 2019
OR	
Authorised representative declaration Complete this declaration if you are an authorised representative of the super provider I declare that: I have prepared the statement with the information supplied by the super provider or	
I have received a declaration made by the super provider or life insurance company to preparation of this statement is true and correct	that the information provided to me for the
■ I am authorised by the super provider or life insurance company to give the informati	ion in the statement to the ATO.
Name	
Business hours phone number (include area code)	
Authorised representative signature	
	Date Day Month Year

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Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the super provider. I declare that the information contained in the statement is true and correct.
Name SHANE ELLIOTT
Business hours phone number (include area code) 0 3 9 7 3 7 6 2 9 2
Trustee, director or authorised officer signature
Date 15 / 08 / 2019
OR
Authorised representative declaration Complete this declaration if you are an authorised representative of the super provider or life insurance company. I declare that: I have prepared the statement with the information supplied by the super provider or life insurance company I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.
Name
Business hours phone number (include area code)
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Section A: Mambar dataila

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2 Name
Title: Mr X Mrs Miss Ms Other
LANCE Other given names Other given names
DAVID GEORGE
3 Date of birth $17 / 05 / 1944$
4 Current residential address
2 1 3 0 K I NGLAKE ROAD
Suburb/town
STANDREWS Country if other than Australia State/territory Postcode 3 7 6 1
(Australia only) (Australia only)

Section B: Cancellation
Are you cancelling a previous transfer balance account event? No X Yes) Complete this report exactly the same as the original event. If you previously reported multiple events you only need to include details of the event/s you wish to cancel. Refer to the instructions for more information on how to cancel a previous report.
Section C: Fund/Supplier/Provider details
If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6 Intermediary/Supplier name SHANE ELLIOTT
7 Australian business number (ABN) 1 7 5 3 4 6 6 4 1 8 3 Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
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ato.gov.au

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Date 1 3 / 1 2 / 2 0 1 9
OR
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2	Name
Title	
L	nily name ANCE Other given names
C	ATHERINE EILEEN
3	Date of birth 2 1 / 0 7 / 1 9 4 3
4	Current residential address
2	130 KINGLAKE ROAD
Sub	ourb/town State/territory Postcode
S	TANDREWS 3761
Cou	untry if other than Australia (Australia only) (Australia only) (Australia only)

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	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report. Refer to the instructions for more information.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Child death benefit income stream
	Child reversionary income stream
4 1	Sther transfer belongs on event
14	Other transfer balance cap event Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select Member commutation event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type: Member commutation X
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	On to Event details on the next page.

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Ot	her information
15	Total super balance Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018. Event type:
	Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	① Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Ev	ent details
_	
V	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section. Day Month Year
17	Effective date 1 3 / 1 2 / 2 0 1 9
18	Value Use the special value for a capped defined benefit income stream \$ 610540 : 00
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the <i>Reporting event type</i> is Commutation authority – commuted in full or Commutation authority – commuted in part. If unknown leave this question blank. No Yes
Se	ction E-1: Member account details
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type Account-based income stream X
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017
	Capped defined benefit income stream on or after 1 July 2017
21	Is the account closed?
	No X Yes
22	Unique superannuation identifier (USI) If you don't have a USI leave this question blank
23	Member account number
23	2 Carrier account number
24	Member client identifier (number)
	If you don't have a member client identifier leave this question blank

Section G: Declarations	
Complete the declaration that applies to you. Print your full name then sign and date the declaration	tion.
Before you sign the declaration, check that you have provided true and correct information. giving false or misleading information.	Penalties may be imposed for
Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the super provide I declare that the information contained in the statement is true and correct.	er.
Name SHANEELLIOTT	
Business hours phone number (include area code) 0 3 9 7 3 7 6 2 9 2	
Trustee, director or authorised officer signature	
Fast Hott	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
OR	
Authorised representative declaration Complete this declaration if you are an authorised representative of the super provider or life insulated later that: I have prepared the statement with the information supplied by the super provider or life insuration. I have received a declaration made by the super provider or life insurance company that the information of this statement is true and correct. I am authorised by the super provider or life insurance company to give the information in the statement.	ance company formation provided to me for the
Name	
Business hours phone number (include area code)	
Authorised representative signature	
Date	Day Month Year

Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.

You can lodge this form via:

- Tax Agent Portal as a PDF
- Business Portal as a PDF if you are a Business Portal User
- Post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:



Who should complete this report?

Super providers and life insurance companies should complete this report when:

- m there is a transfer balance account reporting requirement
- m further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- m incorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S M 1 7	H 8	7
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■ Place X in ALL applicable boxes.



Se	ection A: Member details
1	Tax file number (TFN) 3 2 0 3 1 3 8 1 8
	You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy
2	Name
Title	e: Mr Mrs Miss Ms Other Other
L	A N C E Other given name Other given names
С	ATHERINE EILEEN
3	Date of birth 2 1 / 0 7 / 1 9 4 3
4	Current residential address
2	130 KINGLAKE ROAD
S	urb/town T A N D R E W S Postcode V I C 3 7 6 1 (Australia only) (Australia only)

Se	ection B: Cancellation
5	Are you cancelling a previous transfer balance account event? No X Yes
Se	ection C: Fund/Supplier/Provider details
0	If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6	Intermediary/Supplier name
S	HANEELLIOTT
7	Australian business number (ABN) 1 7 5 3 4 6 6 4 1 8 3 Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
8	Fund/Provider name
L	ANCE SUPERANNUATION FUND
9	Fund/Provider ABN 1 2 4 4 8 2 8 7 9 1 5
10	Fund/Provider TFN 4 4 6 9 8 1 5 3
	You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

Se	ection D-1: Event one
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.
11	Is the first event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event $ \overline{X} $ Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority
	An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment
	A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report. Refer to the instructions for more information.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Child death benefit income stream
	Child reversionary income stream
	Oth our two profess leadings on the next page.
	Other transfer balance cap event Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select Member commutation event type. Do not use this event type if you are responding to a commutation authority from the ATO.
E	Event type:
	Member commutation X
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page.

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Other information 15 Total super balance Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance. Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018. Event type: Retirement phase value (30 June 2018 only) Accumulation phase value 16 Concessional contributions Information regarding the notional taxed contributions of a member. Only use this event type if you are reporting information for your member's notional taxed contributions. Event type: Uncapped notional taxed contributions (from 2017-18 financial year onwards) Event details You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority - defined benefit. Refer to the instructions for more information on how to complete this section. 17 Effective date 0 2 4 18 Value Use the special value for a capped defined benefit income stream \$ 0 | 9 19 If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system) Only complete this question if the Reporting event type is Commutation authority - commuted in full or Commutation authority - commuted in part. If unknown leave this question blank. Yes No Section E-1: Member account details Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question. 20 Member account type Account-based income stream Capped defined benefit income stream just before 1 July 2017 Market-linked capped defined benefit income stream just before 1 July 2017 Capped defined benefit income stream on or after 1 July 2017 21 Is the account closed? No X Yes 22 Unique superannuation identifier (USI) If you don't have a USI leave this question blank Member account number 23 2 24 Member client identifier (number) If you don't have a member client identifier leave this question blank

Section G: Declarations
Complete the declaration that applies to you. Print your full name then sign and date the declaration.
Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.
Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the super provider. I declare that the information contained in the statement is true and correct.
Name S H A N E E L L I O T T Business hours phone number (include area code) 0 3 9 7 3 7 6 2 9 2
Trustee, director or authorised officer signature
Date 2 4 / 0 1 / 2 0 2 0
OR
Authorised representative declaration Complete this declaration if you are an authorised representative of the super provider or life insurance company. I declare that: I have prepared the statement with the information supplied by the super provider or life insurance company I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.
Name Business hours phone number (include area code)
Authorised representative signature Day Month Year Date Day Month Year Date Day Month Year Date Day Month Month Month Date Day Month

Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.

You can lodge this form via:

- m Tax Agent Portal as a PDF
- Business Portal as a PDF if you are a Business Portal User
- m Post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:



Who should complete this report?

Super providers and life insurance companies should complete this report when:

- m there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- m incorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- mu the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

Completing this report

- m Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

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8	M	1	1	H		8	T			
								\Box		

 \blacksquare Place X in ALL applicable boxes.



Section A: Member details
1 Tax file number (TFN) 3 1 9 7 3 0 0 9 3 You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy
2 Name
Title: Mr X Mrs Miss Ms Other
imily name
LANCE
First given name Other given names
3 Date of birth $17 / 05 / 1944$
4 Current residential address
2 1 3 0 K I NGLAKE ROAD
Suburb/town State/territory Postcode
ST ANDREWS VIC 3761
Country if other than Australia only) (Australia only) (Australia only)

Section B: Cancellation
Are you cancelling a previous transfer balance account event? No X Yes
Section C: Fund/Supplier/Provider details
If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6 Intermediary/Supplier name SHANE ELLIOTT
7 Australian business number (ABN) 17 534 664 183
Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
8 Fund/Provider name LANCE SUPERANNUATION FUND
9 Fund/Provider ABN 1 2 4 4 8 2 8 7 9 1 5
10 Fund/Provider TFN 4 4 6 9 8 1 5 3
You don't have to provide the TEN to us. However, if you do, it will help us identify the fund/provider correctly and proces

You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

S	ection D-1: Event one
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.
11	Is the first event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event \overline{X} Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16
Tr	ansfer balance cap event
12	Commutation authority
	An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report. Refer to the instructions for more information.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Child death benefit income stream
	Child reversionary income stream
14	Other transfer balance cap event Solution Go to Event details on the next page.
	Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select Member commutation event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type: Member commutation
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	Go to Event details on the next page.
	Go to Event details on the next page.

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Oth	ner information
15	Total super balance
	Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance.
	Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018.
	Event type: Accumulation phase value Retirement phase value (30 June 2018 only)
16	Concessional contributions Information regarding the notional taxed contributions of a member.
	① Only use this event type if you are reporting information for your member's notional taxed contributions.
	Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards)
Εv	ent details
0	You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority – defined benefit. Refer to the instructions for more information on how to complete this section.
17	Effective date 2 4 / 0 1 / 2 0 2 0
18	Value Use the special value for a capped defined benefit income stream \$ 218000 : 00
19	If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system)
	Only complete this question if the Reporting event type is Commutation authority – commuted in full or Commutation authority – commuted in part. If unknown leave this question blank. No Yes
<u> </u>	ection E-1: Member account details
0	Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.
20	Member account type
	Account-based income stream X
	Capped defined benefit income stream just before 1 July 2017
	Market-linked capped defined benefit income stream just before 1 July 2017 Capped defined benefit income stream on or after 1 July 2017
21	1. 11. 11. 11. 11. 11. 11. 11. 11. 11.
	No X Yes
22	The second section identifies (USI)
	If you don't have a USI leave this question blank
23	Member account number
24	Member client identifier (number)
	If you don't have a member client identifier leave this question blank

Section G: Declarations
Complete the declaration that applies to you. Print your full name then sign and date the declaration.
Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.
Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the super provider. I declare that the information contained in the statement is true and correct.
Name SHANEELLIOTT Business hours phone number (include area code) 0 3 9 7 3 7 6 2 9 2
Trustee, director or authorised officer signature
Date 2 4 / 0 1 / 2 0 2 0
OR
Authorised representative declaration Complete this declaration if you are an authorised representative of the super provider or life insurance company. I declare that: I have prepared the statement with the information supplied by the super provider or life insurance company. I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.
Name Business hours phone number (include area code)
Authorised representative signature Date Day Month Year Date Day / Month / Year

Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.

You can lodge this form via:

- Tax Agent Portal as a PDF
- Business Portal as a PDF if you are a Business Portal User
- Pos

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:



Who should complete this report?

Super providers and life insurance companies should complete this report when:

- m there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- m incorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- m the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

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 \blacksquare Place X in ALL applicable boxes.



Section A: Member details
1 Tax file number (TFN) 3 2 0 3 1 3 8 1 8
You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy
2 Name
Title: Mr Mrs Miss Ms Other
Family name LANCE Other size pages
First given name Other given names E I L E E N
3 Date of birth 2 1 / 0 7 / 1 9 4 3
4 Current residential address
2 1 3 0 K I N G L A K E R O A D
Suburb/town State/territory Postcode
S T A N D R E W S VI C 3 7 6 1
Country if other than Australia (Australia only) (Australia only) (Australia only)

Section B: Cancellation
5 Are you cancelling a previous transfer balance account event?
No X Yes Yes Complete this report exactly the same as the original event. If you previously reported multiple events you only need to include details of the event/s you wish to cancel. Refer to the instructions for more information on how to cancel a previous report.
Section C: Fund/Supplier/Provider details
If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6 Intermediary/Supplier name
SHANEELLIOTT
7 Australian business number (ABN) 1 7 5 3 4 6 6 4 1 8 3
Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
8 Fund/Provider name
LANCE SUPERANNUATION FUND
9 Fund/Provider ABN 1 2 4 4 8 2 8 7 9 1 5
10 Fund/Provider TFN 4 4 6 9 8 1 5 3
You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

Se	ection D-1: Event one
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.
11	Is the first event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event X Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions - Go to questions 15 and 16.
Tra	ansfer balance cap event
12	Commutation authority
	An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type:
	Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment
	A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report. Refer to the instructions for more information.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Child death benefit income stream
	Child reversionary income stream
1.1	Other transfer belongs and sould
14	Other transfer balance cap event Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select Member commutation event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type:
	Member commutation X
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	Go to Event details on the next page.

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5 Total super balance Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance. ① Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phused to calculate your member's total super balance and is only required from 30 June 2018. Event type: Accumulation phase value Retirement phase value (30 June 2018 only) [16 Concessional contributions Information regarding the notional taxed contributions of a member. ② Only use this event type if you are reporting information for your member's notional taxed contributions. Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards) Event details Event details You must complete 017 and 018 for each event reported with the exception of Commutation authority (decease commutation authority – defined benefit. Refer to the instructions for more information on how to complete this stopped by the sum of the super system) 17 Effective date 1 5 / 0 5 / 2 0 2 0 18 Value Use the special value for a capped defined benefit income stream \$ 2 3 9 1 0 1 : 9 5 19 If you are responding to a commutation authority, was the commutation paid directly to the (ie, paid out of the super system) ① Only complete this question if the Reporting event type is Commutation authority – commuted in full or Commutation authority – commuted in part. If unknown leave this question blank. No Yes Section E-1: Member account details ① Only certain event types require you to answer question 20. Refer to the instructions for more information on ho complete this question. Member account type Account-based income stream Account defined benefit income stream just before 1 July 2017 Capped defined benefit income stream just before 1 July 2017 Capped defined benefit income stream on or after 1 July 2017	
Refer to ato.gov.au/totalsuperbalance for more information on Total super balance. Do not use these event types if you are reporting about your member's transfer balance cap. Retirement ph used to calculate your member's total super balance and is only required from 30 June 2018. Event type: Accumulation phase value Retirement phase value (30 June 2018 only) Only use this event type if you are reporting information for your member's notional taxed contributions. Event type: Uncapped notional taxed contributions (from 2017–18 financial year onwards) Event details You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (decease commutation authority - defined benefit. Refer to the instructions for more information on how to complete this super expective to the instructions for more information on how to complete this super expected by the super expected defined benefit income stream Figure 15	
Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phused to calculate your member's total super balance and is only required from 30 June 2018. Event type: Accumulation phase value	
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Capped defined benefit income stream on or after 1 July 2017	
# *	
21 Is the account closed?	
No X Yes	
22 Unique superannuation identifier (USI) If you don't have a USI leave this question blank	
23 Member account number	
24 Member client identifier (number)	
If you don't have a member client identifier leave this question blank	

Section G: Declarations
Complete the declaration that applies to you. Print your full name then sign and date the declaration.
Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.
Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the super provider. I declare that the information contained in the statement is true and correct.
Name S H A N E E L L I O T T Business hours phone number (include area code) 0 3 9 7 3 7 6 2 9 2
Trustee, director or authorised officer signature
Date 1 5 / 0 5 / 2 0 2 0
OR
Authorised representative declaration Complete this declaration if you are an authorised representative of the super provider or life insurance company. I declare that: I have prepared the statement with the information supplied by the super provider or life insurance company I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.
Name Business hours phone number (include area code)
Authorised representative signature
Date Day Month Year
Lodging this report

Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.

You can lodge this form via:

- Tax Agent Portal as a PDF
- m Business Portal as a PDF if you are a Business Portal User
- m Post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:



Who should complete this report?

Super providers and life insurance companies should complete this report when:

- m there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- mincorrect information has previously been reported to us.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- m the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the "Yes" box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

								 _	
0	111	1/1	1	111	1 1	0	1	1 1	1 1
2	191	/	1/1	17	1 1	2	/		1 1
\Box					\Box			 	

■ Place X in ALL applicable boxes.



Section A: Member details
1 Tax file number (TFN) 3 1 9 7 3 0 0 9 3
You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy
2 Name
Title: Mr X Mrs Miss Ms Other
Family name LANCE Other given names
DAVID GEORGE
3 Date of birth 1 7 / 0 5 / 1 9 4 4
4 Current residential address
2 1 3 0 K I NGLAKE ROAD
Suburb/town State/territory Postcode
ST ANDREWS 3761
Country if other than Australia (Australia only) (Australia only)

Se	ction B: Cancellation
	Are you cancelling a previous transfer balance account event? No Yes Permitted Types Permitte
Se	ction C: Fund/Supplier/Provider details
0	If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.
6	Intermediary/Supplier name
S	HANEELLIOTT
7	Australian business number (ABN) 1 7 5 3 4 6 6 4 1 8 3
	Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.
8	Fund/Provider name
L	ANCE SUPERANNUATION FUND
9	Fund/Provider ABN 1 2 4 4 8 2 8 7 9 1 5
10	Fund/Provider TFN 4 4 6 9 8 1 5 3
	You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

S	ection D-1: Event one
0	Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.
11	Is the first event:
	A response to a commutation authority Go to question 12.
	An income stream that commenced prior to 1 July 2017 Go to question 13.
	An income stream that commenced on or after 1 July 2017 Go to question 13.
	A limited recourse borrowing arrangement repayment Go to question 13.
	A different transfer balance cap event \times Go to question 14.
	Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.
Tr	ansfer balance cap event
12	Commutation authority
)	An event that occurred in response to a commutation authority issued by the ATO.
	A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.
	Event type: Commutation authority – commuted in full
	Commutation authority – commuted in part
	Commutation authority – deceased
	Commutation authority – defined benefit
	So to Event details on the next page.
13	Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.
	If you select either child death benefit income stream or child reversionary income stream you must complete Section F and you can only report one event on this report. Refer to the instructions for more information.
	Event type:
	Super income stream
	Reversionary income stream
	LRBA repayment
	Child death benefit income stream
	Child reversionary income stream
14	Other transfer balance cap event Solution Go to Event details on the next page.
	Any other transfer balance cap event.
	If your member has voluntarily requested that you commute an amount, select Member commutation event type. Do not use this event type if you are responding to a commutation authority from the ATO.
	Event type: Member commutation X
	Income stream stops being in retirement phase
	Structured settlement – post 1 July 2017
	So to Event details on the next page.
	and the most page.

Other information 15 Total super balance Complete this question to provide information regarding the total super balance of a member. Refer to ato.gov.au/totalsuperbalance for more information on Total super balance. Do not use these event types if you are reporting about your member's transfer balance cap. Retirement phase value is used to calculate your member's total super balance and is only required from 30 June 2018. Event type: Retirement phase value (30 June 2018 only) Accumulation phase value 16 Concessional contributions Information regarding the notional taxed contributions of a member. Only use this event type if you are reporting information for your member's notional taxed contributions. Event type: Uncapped notional taxed contributions (from 2017-18 financial year onwards) Event details You must complete Q17 and Q18 for each event reported with the exception of Commutation authority (deceased) and commutation authority - defined benefit. Refer to the instructions for more information on how to complete this section. 17 Effective date 1 5 0 5 0 18 Value Use the special value for a capped defined benefit income stream \$ 19 If you are responding to a commutation authority, was the commutation paid directly to the member? (ie, paid out of the super system) Only complete this question if the Reporting event type is Commutation authority - commuted in full or Commutation authority - commuted in part. If unknown leave this question blank. No Yes Section E-1: Member account details Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question. 20 Member account type Account-based income stream Capped defined benefit income stream just before 1 July 2017 Market-linked capped defined benefit income stream just before 1 July 2017 Capped defined benefit income stream on or after 1 July 2017 21 Is the account closed? No X Yes 22 Unique superannuation identifier (USI) If you don't have a USI leave this question blank 23 Member account number 24 Member client identifier (number) If you don't have a member client identifier leave this question blank

Section G: Declarations
Complete the declaration that applies to you. Print your full name then sign and date the declaration.
Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.
Trustee, director or authorised officer declaration Complete this declaration if you are the trustee, director or authorised officer of the super provider. I declare that the information contained in the statement is true and correct.
Name SHANEELLIOTT Business bours phase symbols (include average). [20]
Business hours phone number (include area code) 0 3 9 7 3 7 6 2 9 2
Date 1 5 / 0 5 / 2 0 2 0
OR .
Authorised representative declaration Complete this declaration if you are an authorised representative of the super provider or life insurance company. I declare that: I have prepared the statement with the information supplied by the super provider or life insurance company I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.
Name Business hours phone number (include area code)
Authorised representative signature
Date Day Month Year
Lodging this report Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.
You can lodge this form via: Tax Agent Portal as a PDF Business Portal as a PDF if you are a Business Portal User Post
Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:

Australian Taxation Office
PO BOX 3578

ALBURY NSW 2640