

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

THE PORTER FAMILY SUPERANNUATION FUND

2 Postal address

PO BOX 2973

Suburb/town/locality

MOUNT GAMBIER

State/territory

SA

Postcode

5290

3 Australian business number (ABN) or withholder payer number

39481279644

4 Authorised contact person

Title:

MRS

Family name

PORTER

First given name

Other given names

KAREN

5 Daytime phone number (include area code)

Section B: Member's details

6 Your full name

Title:

MR

Family name

PORTER

First given name

Other given names

PHILLIP

7 Current postal address

PO BOX 2973

Suburb/town/locality

MOUNT GAMBIER

State/territory

SA

Postcode

5290

8 Date of birth

13 OCTOBER 1956

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)

ESTATE OF LATE PHILLIP JOHN PORTER

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)

KAREN PORTER

Signature



Date

**← SIGN
HERE**

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