

# 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

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## 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	\$ <input type="text" value="797783.92"/>
Untaxed element	\$ <input type="text"/>
Tax-free component	\$ <input type="text" value="118175.27"/>
<b>Total amount</b>	<b>\$ <input type="text" value="915959.19"/></b>

### 11 Preservation amounts of the superannuation lump sum

Preserved amount	\$ <input type="text" value="915817.59"/>
Restricted non-preserved	\$ <input type="text" value="141.60"/>
Unrestricted non-preserved	\$ <input type="text"/>
<b>Total amount</b>	<b>\$ <input type="text" value="915959.19"/></b>

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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

**← SIGN  
HERE**

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