

# 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

PATART SUPERANNUATION FUND

#### 2 Postal address

CLEAVE ACCOUNTING PTY LTD  
PO BOX 165

Suburb/town/locality

VIRGINIA BC

State/territory

QLD

Postcode

4014

#### 3 Australian business number (ABN) or withholder payer number

51141044295

#### 4 Authorised contact person

Title: MR

Family name

FOSTER

First given name

Other given names

ARTHUR

#### 5 Daytime phone number (include area code)

07 32051533

### Section B: Member's details

#### 6 Your full name

Title: MR

Family name

FOSTER

First given name

Other given names

ARTHUR

#### 7 Current postal address

99 CENTRAL GREEN DRIVE, NARANGBA

Suburb/town/locality

State/territory

QLD

Postcode

4504

#### 8 Date of birth

20 JANUARY 1950

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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 \$

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

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## PART 2 – MEMBER TO COMPLETE

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### 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.

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### 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: \$

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### 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.

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Other given names

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#### 6 Your full name

Title: MRS

Family name

FOSTER

First given name

Other given names

PATRICIA

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99 CENTRAL GREEN DRIVE, NARANGBA

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State/territory

QLD

Postcode

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#### 8 Date of birth

25 JULY 1951

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