

Downsizer contribution into superannuation form

- You must give this form (signed and dated) to your superannuation fund before or when your superannuation fund receives your contribution.
- Without this form, your contribution will be treated as a personal contribution and will count towards your contributions caps.

When completing this form

- Before you complete this form you should ensure you meet all of the eligibility requirements to make a downsizer contribution.
- Fill out all the sections of the form including signing the declaration.
- Print clearly in BLOCK letters.
- Begin the individual completing the form, you only need to complete sections A-D, section E is not required.

For more information on the eligibility requirements to make a downsizer contribution, see the following information:

- ato.gov.au/downsizing
- Downsizer Law Companion ruling LCR 2018/9 Housing affordability measures: contributing the proceeds of downsizing to superannuation

You can also phone the ATO on 13 10 20.

Section A: Your superannuation fu	nd details
Your superannuation fund name	
Mitchell Superannuation Fund	
Your member number 1	
Section B: Your details	
Tax file number (TFN) 1 4 3 8 3 8 4 8	8 4
superannuation fund. Your superannuation fund is authori (TFN), under the Superannuation Industry (Supervision) And on not provide your TFN and your superannuation fund d	s form. This form is to assist you in providing details to your ised to request your personal details, including your tax file number oct 1993. It is not an offence not to provide your TFN, however if you loes not already hold your TFN, they will not be permitted to accept ase contact the superannuation fund you are providing this form to.
Full name Title: Mr Mrs Miss Ms Other Family name	
Mitchel	
First given name	Other given names
Michael	John
Postal address Street address 2 Warringah Street	
Suburb/town/locality	State/territory Postcode
North Balgowlah	NSW ▼ 2093
Please ensure the ATO has your correct address.	
Date of birth 0 4 / 0 2 / 1 9 5 3	

Contact details		
Daytime phone number (include area code) 0 2 9 7 7 1 9 9 7 2		
Email address		
Section C: Your downsizer contribution		
Amount of your contribution \$ 300,000.00		
Any amount over \$300,000 will not be accepted as a downsizer contribution.		
Section D: Your declaration		
Before you sign this declaration		
By signing this form, you are confirming that you understand: A downsizer contribution is included as a superannuation asset for the age pension means test.		
You are not able to claim a personal superannuation contribution deduction for a downsizer contribution.		
If the ATO becomes aware that your contribution does not meet the downsizer eligibility requirements, the ATO will notify your superannuation fund and the fund will need to assess whether your contribution could have been made as a personal contribution.		
Note: If your contribution could be accepted as a personal contribution, it will count towards the relevant contributions cap. If your contribution can not be accepted, your superannuation fund will return your contribution.		
I meet all of the eligibility requirements to make a downsizer contribution and declaration is true and correct.	e that the information contained in this form	
Providing false or misleading information on this form may result in the ATO imposing an administrative penalty.		
Name (Print in BLOCK LETTERS)		
Michael John Mitchell		
Signature		
Mith	Date	
Man	Day Month Year	
	2 3 / 1 2 / 2 0 2 1	
Section E: Agent, intermediary, authorised office	er or authorised	
representative's declaration		
I declare all of the following:		
This form has been prepared in accordance with information supplied to me by the applicant of this form. I have received a declaration from the applicant stating the information provided to me to complete this form is true		
and correct.		
I am authorised by the applicant to give this information to their superannuation fund.		
I understand that providing false or misleading information on this form may administrative penalty.	esult in the ATO imposing an	
Name (Print in BLOCK LETTERS)		
Signature		
	Date	
.,	Day Month Year	