

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 D & M GIBSON SUPERANNUATION FUND

2 Postal address

65 COLONIAL BVLD

Suburb/town/locality

BALDIVIS

State/territory

WA

Postcode

6171

3 Australian business number (ABN) or withholder payer number

95452079395

4 Authorised contact person

Title: MR

Family name

GIBSON

First given name

Other given names

DEAN ALLAN

5 Daytime phone number (include area code)

0895285863

Section B: Member's details

6 Your full name

Title: MR

Family name

GIBSON

First given name

Other given names

ALLAN

7 Current postal address

3 VISTA GROVE

Suburb/town/locality

MT NASURA

State/territory

WA

Postcode

6112

8 Date of birth

06 NOVEMBER 1948

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)

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)


ALLAN GIBSON

Signature



Date

09/05/2022

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

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2021

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Payee details

Tax file number	623115549		
Surname or family name	GIBSON		
Given name(s)	ALLAN		
Residential address	3 VISTA GROVE		
Suburb/town/locality	State/territory	Postcode	
MT NASURA	WA	6112	
Date of birth (if known)	Day	Month	Year
	06	NOVEMBER	1948

Section B: Payment details

Date of payment 31 MARCH 2021

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$ 32125.23

Untaxed element \$


Tax-free component \$

Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

Australian business number (ABN) or withholding payer number (WPN)

 You must also complete this section

95452079395

Branch number


Name (use the same name that appears on your activity statement)

THE D & M GIBSON SUPERANNUATION FUND

Privacy - For information about your privacy visit our website at ato.gov.au/privacy

DECLARATION - I declare that the information given on this form is complete and correct.

Signature of authorised person



Date

9/5/22

NOTICE TO PAYEE If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit www.ato.gov.au - refer to TaxPack - phone 13 28 61

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Section B: Payment details

Date of payment 10 APRIL 2021

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$ 30000.00

Untaxed element \$

Tax-free component \$

Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

i You must also complete this section

Australian business number (ABN) or withholding payer number (WPN)

95452079395

Branch number

Name (use the same name that appears on your activity statement)

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	06	NOVEMBER	1948

Section B: Payment details

Date of payment 13 APRIL 2021

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$ 30000.00

Untaxed element \$

Tax-free component \$

Is this payment a death benefit? No Yes

Type of death benefit Trustee of deceased estate or Non-dependant

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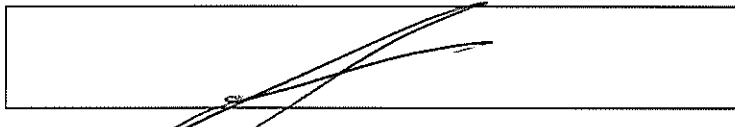
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