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	I PROVIDER TO COM	/IPL	ETE.	
Section A: Superannuation pro	ovider details			
1 Superannuation fund, ADF, RSA or annu	ity provider name			
THE D & M GIBSON SUPERANNUATION FUND				
2 Postal address				
65 COLONIAL BVLD				
Suburb/town/locality	***		State/territory	Postcode
BALDIVIS			WA	6171
3 Australian business number (ABN) or wi 95452079395	thholder payer number			
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		······	State/territory	Postcode
MT NASURA			WA	6112
8 Date of birth 06 NOVEMBER 1948		I	£	

Se	ection C: Superar	nuation lump sum payment details
9	Lump sum payment is calculated to this date	31 MARCH 2021
10	Superannuation lump someonent	um components
	Taxed element	\$ 32125.23
	Untaxed element	\$
	Tax-free component	\$
	Total amount	\$ 32125.23
11	Preservation amounts of	f the superannuation lump sum
	Preserved amount	\$
	Restricted non-preserved	\$
	Unrestricted non-preserved	\$ 32125.23
	Total amount	\$ 32125.23
Se	ection D: Superan	nuation provider's signature
12	Date the statement is is	sued to the member
13	Member is to return sta	ement by
14	Superannuation fund's,	ADF's, RSA's or annuity provider's signature
		Date

P	ART 2 - MEMBER TO COMPLETE
S	ection E: Cash amount
1	Pay me a gross cash amount of: \$ 32125.23 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.
S	ection 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:
Sub	urb/town/locality State/territory Postcode
5	Member account number
3	Roll over an amount of: \$
Se	ection 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 09/05/2072
	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	· · · · · · · · · · · · · · · · · · ·	l			
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: Payme	nt details				
Date of payment	31 MARCH 2021				
TOTAL TAX WITH	HELD \$				
Taxable componen	•				
Taxed element	\$ 32125.23				
iaxeo element	\$ 52125.25				
Untaxed element	\$				
Tax-free componen	t \$				
ls this payment a de	eath benefit? No X Yes				
Type of death bene	fit Trustee of deceased es	or Non-de	ependant		
Section C: Payer o	letails	Australian business numbe	r (ABN) or withh	noiding paver num	ber (WPN)
		95452079395		1	Branch
	must also complete this section	90402079090			number
	ne that appears on your activity statement)				
THE D & M GIBS	ON SUPERANNUATION FUND				
Privacy – For information	about your privacy visit our website at ato.go	v.au/privacy			
DECLARATION - I decla	re that the information given on this form is cor	nplete and correct.			
Signature of authorised person			Date 9	1 1/2 z	
	1/2		7	/	-

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.

\cup	ection A: Superannuation pr	ovider details	*	
1	Superannuation fund, ADF, RSA or annu			
Гн	E D & M GIBSON SUPERANNUATION FUND			
∟ 2	Postal address			
	COLONIAL BVLD			
Subi	irb/town/tocality		 State/territory	Postcode
ВА	DIVIS		 WA	6171
	Australian business are ADAN arras	# h h a l al a a a a a a a a a a a a a a		
3	Australian business number (ABN) or wi	thholder payer number		
	95452079395			
4	Authorised contact person			
Title:	MR		 	
Fami	ly name		 	
GIE	SON			
	given name	Other given names		
DE	AN ALLAN			
5	Daytime phone number (include area code)	0895285863		
Se	ction B: Member's details			
6	Your full name			
Title:	MR			······································
-ami	y name		 	
GIE	SON			
irst	given name	Other given names	 	
ALI	AN			
7	Current postal address			
•	STA GROVE			***************************************
3 V				
3 V				
	rb/town/locality		State/territory	Postcode

Se	ection C: Superar	nuation lump sum payment details
9	Lump sum payment is calculated to this date	10 APRIL 2021
10	Superannuation lump s	um components
	Taxable component	
	Taxed element	\$ 30000.00
	Untaxed element	\$
	Tax-free component	\$
	Total amount	\$ 30000.00
11	Preservation amounts o	f the superannuation lump sum
	Preserved amount	\$
	Restricted non-preserved	\$
	Unrestricted non-preserved	\$ 30000.00
	Total amount	\$ 30000.00
Se	ection D: Superan	nuation provider's signature
12	Date the statement is is	sued to the member
13	Member is to return stat	ement by
14	Superannuation fund's,	ADF's, RSA's or annuity provider's signature
		Date

P	ART 2 - MEMBER TO COMPLETE
S	ection E: Cash amount
1	Pay me a gross cash amount of: \$ 30000.00 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.
Se	ection 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:
<u>Sub</u>	urb/town/locality State/territory Postcode
5	Member account number
3	Roll over an amount of: \$
Se	ection 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.

Costion A. Barra de	.				
Section A: Payee de Tax file number	623115549				
Curnomo ou fomilia nomo]			
Surname or family name GIBSON					
Given name(s)			<u> </u>		
ALLAN		*****			
Residential address					
3 VISTA GROVE					
Suburb/town/locality				State/territory	Postcode
MT NASURA				WA	6112
	NOVEMBER 1948				<u> </u>
Section B: Payment	details				
Date of payment 10) APRIL 2021				
TOTAL TAX WITHHEL	D \$				
Taxable component		<u></u>			
	# [00000 00				
Taxed element	\$ 30000.00				
Untaxed element	\$				
Tax-free component	\$				
Is this payment a deat	n benefit? No X Yes				
Type of death benefit	Trustee of deceased es	state or Non-o	dependant		
Section C: Payer det	ails	Australian business numb	er (ABN) or withh	olding paver num	her (M/PNI)
-		95452079395	301 (1011) 01 111(111)		Branch
	ust also complete this section	90402079090			number
	nat appears on your activity statement)				
THE D & M GIBSON	N SUPERANNUATION FUND				
Privacy – For information ab	out your privacy visit our website at ato.go	v au/nrivacy			
-	nat the information given on this form is co				
Signature of authorised person			Date 2	5/2 ₂	

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 COM	PLETE	
Section A: Superannuation pro	ovider details		
1 Superannuation fund, ADF, RSA or annui	tv provider name		
THE D & M GIBSON SUPERANNUATION FUND			
2 Postal address			
65 COLONIAL BVLD			
Suburb/town/locality		State/territory	Postcode
BALDIVIS		WA	6171
3 Australian business number (ABN) or wit	hholder naver number		
95452079395	order payer namber		
4 Authorised contact person			
Title: MR			
Family name GIBSON			1
First given name	Other given names		
DEAN ALLAN	otto grottiano		
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		State/territory	Postcode
MT NASURA		WA	6112
8 Date of birth 06 NOVEMBER 1948		· 	

Se	ection C: Superan	ını	ıation lump sum payment detail:	S
9	Lump sum payment is calculated to this date	13	APRIL 2021	
10	Superannuation lump s	um	components	
	Taxable component	•		
	Taxed element	\$	30000.00	
	Untaxed element	\$		
	Tax-free component	\$		
	Total amount	\$	30000.00	
11	Preservation amounts o	f th	e superannuation lump sum	
	Preserved amount	\$		
	Restricted non-preserved	\$		
	Unrestricted non-preserved	\$	30000.00	
	Total amount	\$	30000.00	
 Se	ction D: Superan	nı	lation provider's signature	
12	Date the statement is is:	sue	d to the member	
13	Member is to return stat	tem	ent by	
14	Superannuation fund's,	ADI	's, RSA's or annuity provider's signature	
			Da	ate

_	ART 2 – MEMBER TO COMPLETE
3	ection E: Cash amount
	Pay me a gross cash amount of: \$ 30000.00 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.
_ Se	ection F: Rollover payment
2	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
	Fund ABN
	Superannuation fund, ADF, RSA or annuity provider postal address:
<u></u>	urb/town/locality State/territory Postcode
	Member account number
	Member account number Roll over an amount of: \$
 S€	
	Roll over an amount of: \$
 S€	Roll over an amount of: \$ ection G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement.
 S€	Roll over an amount of: \$
 Se	Roll over an amount of: \$
Se	Roll over an amount of: \$ ection 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
Se	Roll over an amount of: \$ ection 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

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 Day Month Year Day Month Year	
Section B: Payment details	
Date of payment 13 APRIL 2021	
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element \$ 30000.00	
TEXACT CICITICITY	
Untaxed element \$	
Tax-free component \$	
Is this payment a death benefit? No X 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)	
95/52079395 Branch	
Trained	
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 2 2	