

# 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

FREEMAN FAMILY SUPER FUND

#### 2 Postal address

38/41 MACADIE WAY  
MERRIMAC QLD 4226

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

19933749432

#### 4 Authorised contact person

LESLIE FREEMAN

#### 5 Daytime phone number

0417 740509

### Section B: Member's details

#### 6 Full name

Title MRS

Family Name

FREEMAN

First given name

Other given names

KYLIE

#### 7 Postal address

38/41 MACADIE WAY  
MERRIMAC QLD 4226

#### 8 Date of birth

09/06/1971

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**Section C: Superannuation lump sum payment details****9 Lump sum payment is calculated to this date**

31/08/2018

**10 Superannuation lump sum components**

Taxable component

Taxed element \$ 58,311.69

Untaxed element \$

Tax-free component \$ 6,067.60

KiwiSaver tax-free component \$

**Total amount** \$ 64,379.29**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$ 64,379.29

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

**Total amount** \$ 64,379.29

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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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## 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)

HOSTPLUS SUPER FUND

3 Fund ABN

68657495890

4 Superannuation fund, ADF, RSA or annuity provider postal address:

LOCKED BAG 5046  
PARRAMATTA NSW 2124

5 Member account number

6 Roll over an amount of:

\$

64,379.29

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## Section G: Member's declaration

*I authorise my superannuation lump sum to be paid as instructed on this statement.*

KYLIE FREEMAN

Signature

Date

/ /

Give this completed statement to your super fund. You should keep a copy for your records for a period of five years.

# Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

**!** If a member asks you to roll over parts of their entitlement to more than one fund, you must complete separate statements for each rollover payment.

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

## Section A: Receiving fund

1 Australian business number (ABN)

68657495890

2 Fund name

HOSTPLUS SUPER FUND

3 Postal address

LOCKED BAG 5046  
PARRAMATTA NSW 2124

4 You must provide at least one of the receiving fund's numbers below :

(a) Unique superannuation identifier (USI)

(b) Member client identifier

830415709

## Section B: Member's details

5 Tax File Number (TFN)

154577920

6 Full name

Title MRS

Family Name

FREEMAN

First given name

Other given names

KYLIE

7 Residential address

38/41 MACADIE WAY  
MERRIMAC QLD 4226

8 Date of birth

09/06/1971

9 Sex

F

10 Daytime phone number (include area code)

0466 591 658

11 Email address (if applicable)

## Section C: Rollover transaction details

### 12 Service period start date

06/07/2012
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### 13 Tax components

Tax-free component

\$	6,067.60
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KiwiSaver tax-free component

\$	
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Taxable component:

Element taxed in the fund

\$	58,311.69
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Element untaxed in the fund

\$	
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**Tax components TOTAL**

\$	64,379.29
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### 14 Preservation amounts

Preserved amount

\$	64,379.29
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KiwiSaver preserved amount

\$	
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Restricted non-preserved amount

\$	
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Unrestricted non-preserved amount

\$	
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**Preservation amounts TOTAL**

\$	64,379.29
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## Section D: Non-complying funds

### 15 Contributions made to a non-complying fund on or after 10 May 2006

\$	
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**Section E: Transferring fund**

16 Fund ABN

19933749432

17 Fund name

FREEMAN FAMILY SUPER FUND

18 Contact name

LESLIE FREEMAN

19 Daytime phone number (include area code)

Telephone No

0417 740509

20 Email address (if applicable)

Signature of authorised person

Date

/ /

You do not need to send a copy of the statement to the ATO however, you must keep a copy for your records for a period of five years.

# PAYG Payment Summary - Superannuation Lump Sum

## Payment summary for year ending 30 June 2019

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.

### Payee Details

Payee's surname or family name

FREEMAN

Payee's given name(s)

KYLIE

Payee's address

38/41 MACADIE WAY

MERRIMAC QLD 4226

Date of birth

09/06/1971

**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](http://www.ato.gov.au) - refer to TaxPack - phone 13 28 61

Date of payment

31/08/2018

Payee's Tax File Number

154577920

Total Tax withheld

\$

### Taxable component

Taxed element

58,311

Untaxed element

Tax free component

6,067

KiwiSaver tax-free component

Death benefit

Type of death benefit

### Payer Details

Payer's ABN or Withholder Payer Number

19933749432

Branch Number

Payer's Name

FREEMAN FAMILY SUPER FUND

Signature of authorised person

Date

/ /