

# 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

LAWRENCE SUPERANNUATION FUND

#### 2 Postal address

UNIT 10  
15-17 ALLEN STREET

Suburb/town/locality

HAMILTON

State/territory

QLD

Postcode

4007

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

91141426827

#### 4 Authorised contact person

Title:

MR

Family name

LAWRENCE

First given name

Other given names

WAINWRIGHT

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

0402894594

### Section B: Member's details

#### 6 Your full name

Title:

MR

Family name

LAWRENCE

First given name

Other given names

WAINWRIGHT

#### 7 Current postal address

UNIT 10  
15-17 ALLEN STREET

Suburb/town/locality

HAMILTON

State/territory

QLD

Postcode

4007

#### 8 Date of birth

05 MARCH 1950

---

**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	\$ <input type="text" value="42768.04"/>
Untaxed element	\$ <input type="text"/>
Tax-free component	
	\$ <input type="text"/>
<b>Total amount</b>	<b>\$ <input type="text" value="42768.04"/></b>

**11 Preservation amounts of the superannuation lump sum**

Preserved amount	\$ <input type="text"/>
Restricted non-preserved	\$ <input type="text"/>
Unrestricted non-preserved	\$ <input type="text" value="42768.04"/>
<b>Total amount</b>	<b>\$ <input type="text" value="42768.04"/></b>

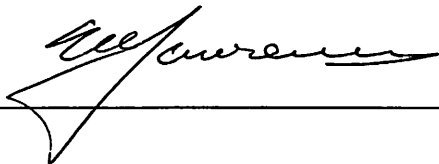
---

**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.

**i** 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

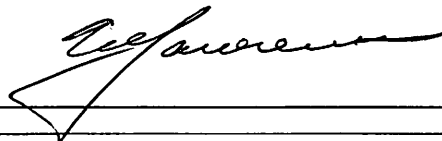
6 Roll over an amount of: \$

### Section G: Member's declaration

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

Name (print in block letters)

Signature



Date

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

**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.