Rollover benefits statement

When to use this statement

🛈 Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- you are paying a rollover superannuation benefit other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards
- you have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member
- you are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section **D** instead of section **C**).

🛈 You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

Completing this statement

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

🛈 Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

Section A: **Receiving fund**

1   Australian business number (ABN)

2   Fund name

AUSTRALIAN SUPER

3   Postal address

Suburb/town/locality   State/territory   Postcode

Country if other than Australia

4   (a) Unique superannuation identifier (USI)   STA0100AU

(b) Member client identifier   1075249762

Section B: **Member's details**

5 **Tax file number (TFN)** PROVIDED

6 **Full name**

Title: MR

Family name

WOODS

First given name

MICHAEL

Other given names

7 **Residential address**

127B EAGLE COURT

Suburb/town/locality

TEESDALE

State/territory VIC

Postcode 3328

Country if other than Australia

8 **Date of birth** PROVIDED

9 **Sex** MALE

10 **Daytime phone number** (include area code)

1300811233

11 **Email address** (if applicable)

MAVMICK@Y7MAIL.COM

Section C: **Rollover transaction details**

❗ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 **Service period start date** 01 JULY 1994

13 **Tax components**

Tax-free component $ 2164.50

KiwiSaver tax-free component $

Taxable component:

Element taxed in the fund $ 162598.97

Element untaxed in the fund $

Tax components TOTAL $ 164763.47

❗ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.

14 Preservation amounts

Preserved amount $ 164763.47

KiwiSaver preserved amount $

Restricted non-preserved amount $

Unrestricted non-preserved amount $

Preservation amounts TOTAL $ 164763.47

🛈 If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

Section D: **Non-complying funds**

🛈 Only complete this section if you are a trustee of a non-complying fund.

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

$

Section E: **Transferring fund**

16 Fund ABN 72104458121

17 Fund name

MICHAEL & YVONNE WOODS SUPERANNUATION FUND

18 Contact name

Title:

Family name

First given name   Other given names

19 Daytime phone number (include area code)

20 Email address (if applicable)

Section F: **Declaration**

Complete the declaration that applies to you. Print your full name then sign and date declaration.

❗ Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

MICHAEL WOODS

Trustee, director or authorised officer signature

DocuSigned by:
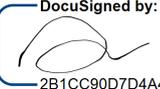
2B1CC90D7D4A4E1...

Date

28/11/2023

OR

Authorised representative declaration

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- *I have prepared the statement with the information supplied by the superannuation provider*
- *I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct*
- *I am authorised by the superannuation provider to give the information in the statement to the ATO.*

Name (BLOCK LETTERS)

Authorised representative signature

Date

Tax agent number (if you are a registered tax agent)

Where to send this form

❗ Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in section **A** within seven days of paying the rollover
- provide a copy to the member in section **B** within 30 days of paying the rollover
- keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section **A**)
- use this form only to provide a statement to the member in section **B** within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.

PAYG payment summary –
superannuation lump sum

You must complete all sections of this form. For help completing this form, visit our website at **ato.gov.au/paymentsummaries**

Payment summary for year ending 30 June | 2024

If you are **amending a payment summary** you have already sent, place X in this box ☐

Section A: **Payee details**

Tax file number | PROVIDED

Surname or family name
WOODS

Given name(s)
MICHAEL

Residential address
127B EAGLE COURT

Suburb/town/locality	State/territory	Postcode
TEESDALE	VIC	3328

Date of birth (if known) | PROVIDED

Section B: **Payment details**

Date of payment | 25/11/2023

TOTAL TAX WITHHELD $ |

Taxable component

Taxed element | **$** | 162,598

Untaxed element | **$** |

Tax-free component | **$** |

Place an | X | in the appropriate box for each field below.

Is this payment a death benefit? No [X] Yes ☐

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

Section C: **Payer details**

⚠ You **must** also complete this section

Australian business number (ABN) or withholding payer number (WPN)
72104458121

Branch number

Name (use the same name that appears on your activity statement)
MICHAEL & YVONNE WOODS 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

Warning: This form has been designed to assist you to prepare the ATO's PAYG payment summary - Superannuation lump sum. This form cannot be lodged with the ATO.

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

MICHAEL & YVONNE WOODS SUPERANNUATION FUND

2 Postal address

PO BOX 1777

Suburb/town/locality

WOLLONGONG DC

State/territory

NSW

Postcode

2500

3 Australian business number (ABN) or withholder payer number

72104458121

4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

Section B: **Member's details**

6 Your full name

Title: MR

Family name

WOODS

First given name

MICHAEL

Other given names

7 Current postal address

127B EAGLE COURT

Suburb/town/locality

TEESDALE

State/territory

VIC

Postcode

3328

8 Date of birth PROVIDED

Section C: **Superannuation lump sum payment details**

9   **Lump sum payment is calculated to this date**   `25 NOVEMBER 2023`

10   **Superannuation lump sum components**

Taxable component

Taxed element	$	162,598
Untaxed element	$	

Tax-free component $

Total amount	$	162,598

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

Preserved amount	$	164,763
Restricted non-preserved	$	
Unrestricted non-preserved	$	
Total amount	$	164,763

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:** $ | 164,763 |

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)**

AUSTRALIAN SUPER

3   **Fund ABN** | 65 714 394 898 |

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:** $ | 164,763 |

Section G: **Member's declaration**

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

Name (print in block letters)

MICHAEL WOODS

Signature

DocuSigned by:

2B1CC90D7D4A4E1…

Date

28-Nov-23

> ❗ 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.