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

Superannuation fund, ADF, RSA or annuity provider name

CJ FRITZ FAMILY SUPERANNUATION FUND

2 **Postal address**

10	EAVES COURT			
Sub	urb/town/locality		State/territory	Postcode
Βl	INDABERG		QLD	4670
3	Australian business number (ABN) or wir 28606884211	thholder payer number		
4 Title	Authorised contact person			
an	nily name			
-irs	t given name	Other given names		
5	Daytime phone number (include area code)			

Section B: Member's details

Your full name 6

5

Title:	MRS			
Family n	ame			
FRITZ				
First give	en name	Other given names		
ROSE	MARY FAYE			
7 C	urrent postal address			
10 EA	VES COURT			
Suburb/1	town/locality		State/territory	Postcode

4670

QLD

BUNDABERG

8

Date of birth PROVIDED

Section C: Superannuation lump sum payment details

9	Lump sum payment is calculated to this date	17 MAY 2022
10	Superannuation lump s	um components

	Taxable component	
	Taxed element	\$ 999.66
	Untaxed element	\$
	Tax-free component	\$ 4000.34
	Total amount	\$ 5000.00
11	Preservation amounts of	the superannuation lump sum
	Preserved amount	\$
	Restricted non-preserved	\$
		Ť
	Unrestricted non-preserved	\$ 5000.00

Section D: Superannuation provider's signature

12 D	ate the	statement i	is issued to	the member
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13 Member is to return statement by

17 MAY 2022

14	Superannuation fund's,	ADF's.	RSA's or annui	tv provider's	signature

Date

17 MAY 2022

PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

1 Pay me a gross cash amount of: \$ 5000.00 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.

Section F: Rollover payment

2	Roll over my payment to:	(provide the full name	of fund, RSA or a	annuity provider)
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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)

ROSEMARY FAYE FRITZ

Signature

Date 17 MAY 2022

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.

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2022

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	PROVIDED]			
Surname or family name	3	-			
FRITZ					
Given name(s)					
ROSEMARY FA	YE				
Residential address					
10 EAVES COU	RT				
Suburb/town/locality				State/territory	Postcode
BUNDABERG				QLD	4670
Date of birth (if known)	Day Month Year Day Month Year PROVIDED				
Section B: Payme	ent details				
Date of payment	17 MAY 2022				
TOTAL TAX WITH	HELD \$]			
Taxable componer	t				
Taxed element	\$ 999.66]			
	•	J			
Untaxed elemen	\$]			
Tax-free compone	nt \$4000.34]			
Is this payment a c	leath benefit? No X Yes]			
Type of death bene	fit Trustee of deceased e	estate or Non-de	ependant		
Section C: Payer	details	Australian business numbe	er (ABN) or withho	olding payer numb	er (WPN)
Yo	u must also complete this section	28606884211			Branch number
	me that appears on your activity statement)				
CJ FRITZ FAMII	Y SUPERANNUATION FUND				
Privacy – For informatic	n about your privacy visit our website at ato.g	ov.au/privacy			
	are that the information given on this form is co				
Signature of			Data		
authorised person			Date 17 MA	Y 2022	

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

CJ Fritz Family Superannuation Fund Minutes of a Meeting of the Trustee(s)

held on 17 May 2022 at 10 Eaves Court, Bundaberg, Queensland 4670

PRESENT:

Colin John Fritz and Rosemary Faye Fritz

LUMP SUM PAYMENT: Member Rosemary Faye Fritz wishes to make the following lump sum payment(s)

Lump Sum	n Date	Account Name	Amount
17/05/2022	2	Accumulation	5,000.00

TRUSTEE	
ACKNOWLEDGEMENT:	

- It was resolved that Trustee(s) have agreed to this and has taken action to ensure the following:
 - The Trustee(s) will notify the member, in writing, of their lump sum amount.
 - The Trustee(s) will comply with the ATO obligations.

CLOSURE:

Signed by the chairperson pursuant to the Fund Deed.

Colin John Fritz Chairperson