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
BUNDABERG			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 given 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

17 FEBRUARY 2022

Lump sum payment is calculated to this date

10 Superannuation lump sum components

9

	Taxable component		
	Taxed element	\$	936.54
	Untaxed element	\$	
	Tax-free component	\$	4063.46
	Total amount	\$	5000.00
11	Preservation amounts of	th	e superannuation lump s
	Preserved amount	\$	
	Restricted non-preserved	\$	
	Unrestricted non-preserved	\$	5000.00
	Total amount	\$	5000.00

Section D: Superannuation provider's signature

12 Date the statement is issued to the member	17 FEBRUARY 2022	
13 Member is to return statement by		
14 Superannuation fund's, ADF's, RSA's or annuit	ty provider's signature	
	Da	ate 17 FEBRUARY 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

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

Fund ABN 3

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

Suburb/town/locality			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 FEBRUARY 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	
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 PROVIDED
Section B: Payme	ent details
Date of payment	17 FEBRUARY 2022
TOTAL TAX WITH	HELD \$
Taxable componen	t
Taxed element	\$ 936.54
Untaxed element	\$
Tax-free componer	at \$4063.46
Is this payment a d	eath benefit? No X Yes
Type of death bene	fit Trustee of deceased estate or Non-dependant
Section C: Payer	
You	u must also complete this section 28606884211 Branch number
	me that appears on your activity statement)
CJ FRITZ FAMIL	Y SUPERANNUATION FUND
Privacy – For informatio	n about your privacy visit our website at ato.gov.au/privacy
DECLARATION - / decl	are that the information given on this form is complete and correct.
Signature of authorised person	Date 17 FEBRUARY 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 February 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 Date	Account Name	Amount
17/02/2022	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