

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

ALL WELL SUPERANNUATION FUND

2 Postal address

11 POTTER LANE

Suburb/town/locality

CARINA HEIGHTS

State/territory

QLD

Postcode

4152

3 Australian business number (ABN) or withholder payer number

19128382761

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

GROVE

First given name

Other given names

LLEWELLYN

7 Current postal address

11 POTTER LANE

Suburb/town/locality

CARINA HEIGHTS

State/territory

QLD

Postcode

4152

8 Date of birth

PROVIDED

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 \$

Untaxed element \$

Tax-free component \$

Total amount \$

11 Preservation amounts of the superannuation lump sum

Preserved amount \$

Restricted non-preserved \$

Unrestricted non-preserved \$

Total amount \$

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.

! 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

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

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Minutes of a Meeting of the Trustee(s)

held on 30 June 2022 at 11 Potter Lane, Carina Heights, Queensland 4152

PRESENT: Alexandra Grove and Llewellyn Grove

LUMP SUM PAYMENT: Member Llewellyn Grove wishes to make the following lump sum payment(s)

Lump Sum Date	Account Name	Amount
30/06/2022	Account Based Pension	90,000.00

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.

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Alexandra Grove
Chairperson