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 prepayment 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	
KAMBALDA BOYS SUPERANNUATION FUND	
2 Postal address	
UNIT 4 4-10 FARRALL ROAD	
MIDVALE WA 6056	
3 Australian business number (ABN) or withholder payer number	*****
58506511014	
4 Authorised contact person	
LINDSAY R CARTER	
5 Daytime phone number	
08 92502144	
Section B: Member's details	
6 Full name	
Title MR	
Family Name	
SWINSON	
First given name Other given names	
DEAN	
7 Postal address	
13 BLOSSOM PLACE	
COODANUP WA 6210	
8 Date of birth 06/11/1972	

Se	ection C: Superannuation lump	sum payment det	ails			
9	Lump sum payment is calculated to t	02/07/2020				
10	Superannuation lump sum compone	ents				
	Taxable component					
	Taxed element	\$	9,975.40			
	Untaxed element	S				
	Tax-free component	\$	24.60			
	KiwiSaver tax-free component	\$				
	Total amount	\$	10,000.00			
11	Preservation amounts of the superar	nnuation lump sum				
	Preserved amount	\$	10,000.00			
	Restricted non-preserved amount	S				
	Unrestricted non-preserved amount	S				
	Total amount	\$	10,000.00			
 Se	ction D: Superannuation provi	der's signature		· · · · · · · · · · · · · · · · · · ·		•
12	Date the statement is issued to the n	nember	/ /			
13	Member is to return statement by		/ /			
14	Superannuation fund's, ADF's, RSA	\' 's or annuity provid	er's signature			
		AND THE PARTY OF T				
				Date	/	/
L	A 44 DATA STATE OF THE STATE OF					Protection 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Section E: Cash amount			
1 Pay me a gross cash amount of:	\$ 10,000.00		
I understand that this amount may be subject to tax			
You may wish to speak with a tax p superannuation fund, ADF, RSA or ann sure you are aware of your tax obligation roll over options.	uity provider to make		
Section F: Rollover payment	100000000000000000000000000000000000000		
2 Roll over my payment to: (provide the ful	I name of fund, RSA or annuity pro	vider)	
3 Fund ABN			
4 Superannuation fund, ADF, RSA or annu	uity provider postal address:		
5 Member account number			
6 Roll over an amount of:			
Section G: Member's declaration			**************************************
I authorise my superannuation lun	np sum to be paid as instructed on th	nis statement.	
DEAN SWINSON			
Signature		Date /	′ /
Give this completed statement to your super fur	nd. You should keep a copy for your re	cords for a period of five years.	

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2021
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.

Payee Details				
Payee's surname or family name				
SWINSON				
Payee's given name(s)				
DEAN				
Payee's address				
13 BLOSSOM PLACE				
COODANUP WA 6210				
AMMAN SOLUTION AS A STATE OF THE STATE OF TH				
Date of birth	06/11/1972			
www.ato.gov.au - refer to TaxPack - Date of payment	02/07/2020			
Payee's Tax File Number	175744116	Total Tax withheld	\$	
Taxable component			<u> </u>	
Taxed element	9,975			
Untaxed element				
Tax free component	24			
KiwiSaver tax-free component				
Death benefit				
Type of death benefit				
Payer Details				
Payer's ABN or Withholder Payer N	umber	Branch Number		
58506	511014			
Payer's Name	•			
KAMBALDA BOYS SUPERANN	IUATION FUND			
Signature of authorised person				
				Date
				/ /

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 prepayment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Part 1 - SUPERANNUATION PROVIDER TO COM	PLETE
Section A: Superannuation provider details	
1 Superannuation fund, ADF, RSA or annuity provider name	
KAMBALDA BOYS SUPERANNUATION FUND	
2 Postal address	
UNIT 4 4-10 FARRALL ROAD	
MIDVALE WA 6056	
3 Australian business number (ABN) or withholder payer numb	er
58506511014	
4 Authorised contact person	
LINDSAY R CARTER	
5 Daytime phone number	
08 92502144	
Section B: Member's details	
6 Full name	
Title MR	
Family Name	
HANCOCK	
First given name	Other given names
JASON GORDON	
7 Postal address	
14 ANDELL PLACE	
REDCLIFFE WA 6104	
8 Date of birth 10/01/1972	

Se	ction C: Superannuation lump	sum payment	details			
9	Lump sum payment is calculated to	this date	02/07/2020			
10	Superannuation lump sum compon	ents				
	Taxable component					
	Taxed element	S	9,976.37			
	Untaxed element	S				
	Tax-free component	s	23.63			
	KiwiSaver tax-free component	S				
	Total amount	S	10,000.00			
11	Preservation amounts of the supera	nnuation lump su	ım			
	Preserved amount	\$	10,000.00			
	Restricted non-preserved amount	S				
	Unrestricted non-preserved amount	\$				
	Total amount	S	10,000.00			
						
Se	ction D: Superannuation prov	ider's signatur	e			
12	Date the statement is issued to the	member	/ /			
13	Member is to return statement by		/ /			
14	Superannuation fund's, ADF's, RS	A's or annuity pr	ovider's signature			
		The state of the s				
<u> </u>	WALLES OF THE STATE OF THE STAT			Date		/

I understand that this amount may be subject to tax ② 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:	Secti	on E: Cash amount		···			
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 amulity 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) Superannuation fund, ADF, RSA or annuity provider postal address: Member account number Roll over an amount of: Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date I description: Date D			<u>s</u>	10 000 00			
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) Section G: Member account number Roll over an amount of: Roll over an amount of: Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / / /	I u	nderstand that this amount					
Roll over my payment to: (provide the full name of fund, RSA or annuity provider) Fund ABN Superannuation fund, ADF, RSA or annuity provider postal address: Member account number Roll over an amount of: Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / /	S S	uperannuation fund, ADF, RSA or ann ure you are aware of your tax obligation	uity provide	er to make			
Superannuation fund, ADF, RSA or annuity provider postal address: Member account number Roll over an amount of: Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / /	Secti	on F: Rollover payment					
Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / /	2 Ro	ll over my payment to: (provide the ful	l name of fu	nd, RSA or annuit	provider)		
Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date I declaration Date Date Date J J	3 Fu	nd ABN					
Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / /	4 Su	perannuation fund, ADF, RSA or annu	uity provide	r postal address:			
Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / /			······································				
Section G: Member's declaration I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / /	5 Me	ember account number					
I authorise my superannuation lump sum to be paid as instructed on this statement. JASON GORDON HANCOCK Signature Date / /	6 Ro	ll over an amount of:					
JASON GORDON HANCOCK Signature Date / /	Secti		np sum to be	paid as instructed	on this statement.		
		JASON GORDON		•			
Give this completed statement to your super fund. You should keep a copy for your records for a period of five years.	Signa	ature				Date /	1
	Give	this completed statement to your super fur	nd. You shou	ld keep a copy for yo	our records for a period	of five years.	

PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2021
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.

Payee Details				
Payee's surname or family name				
HANCOCK				
Payee's given name(s)				
JASON GORDON				
Payee's address				
14 ANDELL PLACE				
REDCLIFFE WA 6104	***************************************			
Date of birth	10/01/1972			
withheld, you may still have to le request. For more information a www.ato.gov.au - refer to TaxPac	_	ged your tax return, you ma	y need to lodg	e an amendment
Date of payment	02/07/2020			
Payee's Tax File Number	161376784	Total Tax withheld	\$	
Taxable component				
Taxed element	9,976			
Untaxed element				
Tax free component	23			
KiwiSaver tax-free component				
Death benefit				
Type of death benefit				
Payer Details				
Payer's ABN or Withholder Payer	er Number	Branch Number		
58	3506511014			
Payer's Name				
KAMBALDA BOYS SUPERA	ANNUATION FUND		***************************************	
Signature of authorised person				
			7	
				Date
	TO THE MEMORIAN AND AND AND AND AND AND AND AND AND A	Menuse	J	/ /