Superannuation lump sum pre-payment statement

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

MCMANUS SUPER FUND

2 Postal address

46 PENHILL STREET

Suburb/town/locality: NUDGEE

State/territory: QLD

Postcode: 4014

3 Australian business number (ABN) or withholder payer number

96847332136

4 Authorised contact person

Title: MRS

Family name: MCMANUS

First given name: PATRICIA MARGARET   Other given names:

5 Daytime phone number (include area code)

Section B: Member's details

6 Your full name

Title: MRS

Family name: MCMANUS

First given name: PATRICIA MARGARET   Other given names:

7 Current postal address

46 PENHILL STREET

Suburb/town/locality: NUDGEE

State/territory: QLD

Postcode: 4014

8 Date of birth   03 JULY 1953

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

9 **Lump sum payment is calculated to this date** 22/12/2018

10 **Superannuation lump sum components**

Taxable component

Taxed element	$	58456.73
Untaxed element	$	
Tax-free component	$	41543.27
Total amount	$	100000.00

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

Preserved amount	$	
Restricted non-preserved	$	
Unrestricted non-preserved	$	100000.00
Total amount	$	100000.00

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: $ | 100000.00 |

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 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)

PATRICIA MARGARET MCMANUS

Signature

Date

> 🛈 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.**