





## Section D-1: Event one

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## Transfer balance cap event

### 12 Commutation authority

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**!** A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.

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Commutation authority – commuted in part

Commutation authority – deceased

Commutation authority – defined benefit

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### 13 Pre-existing or new income stream event or a limited recourse borrowing arrangement (LRBA) repayment

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**!** If you select either **child death benefit income stream** or **child reversionary income stream** you must complete Section F and you can only report one event on this report.

#### Event type:

Super income stream

Reversionary income stream

LRBA repayment

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Child reversionary income stream

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## Section B: Cancellation

### 5 Are you cancelling a previous transfer balance account event?

No  Yes

Complete this report exactly the same as the original event. If you previously reported multiple events you only need to include details of the event/s you wish to cancel. Refer to the instructions for more information on how to cancel a previous report.

## Section C: Fund/Supplier/Provider details

**!** If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.

### 6 Intermediary/Supplier name

### 7 Australian business number (ABN)

Your contact details are required in case we need to speak to you about details supplied on this report. Provide your contact details in Section G.

### 8 Fund/Provider name

### 9 Fund/Provider ABN

### 10 Fund/Provider TFN

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## Section F: **Third party details**

**!** You only need to complete Section F if the *Reporting event type* is **Child death benefit income stream** or **Child reversionary income stream**. Otherwise leave Section F blank. You must complete this section with the deceased person's details.

**25 Tax file number (TFN)**

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### **26 Name**

Family name

First given name

Other given names

**27 Date of birth**   <sup>Day</sup> /   <sup>Month</sup> /     <sup>Year</sup>





## Section D-1: Event one

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### **26 Name**

Family name

First given name

Other given names

**27 Date of birth**   <sup>Day</sup> /   <sup>Month</sup> /     <sup>Year</sup>

## Section G: Declarations

Complete the declaration that applies to you. Print your full name then sign and date the declaration.

**!** Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

### Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the super provider.

*I declare that the information contained in the statement is true and correct.*

Name

B E V E R L E Y K E L L Y

Business hours phone number (include area code) 0 7 3 3 6 0 9 6 0 0

Trustee, director or authorised officer signature

Date 2 7 / 0 6 / 2 0 2 2

OR

### Authorised representative declaration

Complete this declaration if you are an authorised representative of the super provider or life insurance company.

*I declare that:*

- I have prepared the statement with the information supplied by the super provider or life insurance company
- I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.

Name

Business hours phone number (include area code)

Authorised representative signature

*B. Kelly*

Date / /

## Lodging this report

Do not remove any pages when lodging your report, all pages must be returned for the form to be accepted.

You can lodge this report via:

- Tax Agent Portal
- Business Portal if you are a business portal user
- Post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by post, use the postal address below:

**Australian Taxation Office**  
**PO BOX 3006**  
**PENRITH NSW 2740**

Print form

Save form

Reset form