



Downsizer contribution into superannuation form

! You must give this form (signed and dated) to your superannuation fund before or when your superannuation fund receives your contribution.

! Without this form, your contribution will be treated as a personal contribution and will count towards your contributions caps.

> For more information on the eligibility requirements to make a downsizer contribution, see the following information:

- ato.gov.au/downsizing
- Downsizer Law Companion ruling LCR 2018/9
Housing affordability measures: contributing the proceeds of downsizing to superannuation

You can also phone the ATO on **13 10 20**.

When completing this form

- Before you complete this form you should ensure you meet all of the eligibility requirements to make a downsizer contribution.
- Fill out all the sections of the form including signing the declaration.
- Print clearly in BLOCK letters.
- If you are the individual completing the form, you only need to complete sections A–D, section E is not required.

Section A: Your superannuation fund details

Your superannuation fund name

MR BRIAN WILLIAM KEARNEY + MRS CATHERINE EDITH KEARNEY ATF
THE KEARNEY SUPERANNUATION FUND

Your member number

Section B: Your details

Tax file number (TFN)

! The ATO does not collect the information provided on this form. This form is to assist you in providing details to your superannuation fund. Your superannuation fund is authorised to request your personal details, including your tax file number (TFN), under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence not to provide your TFN, however if you do not provide your TFN and your superannuation fund does not already hold your TFN, they will not be permitted to accept the contribution. For more information about privacy, please contact the superannuation fund you are providing this form to.

Full name

Title: Mr Mrs Miss Ms Other

Family name

KEARNEY

First given name

CATHERINE

Other given names

EDITH

Postal address

Street address

47 MARY PLEASANT DRIVE

Suburb/town/locality

BIRKDALE

State/territory

QLD

Postcode

4 1 5 9

! Please ensure the ATO has your correct address.

Date of birth / /

Contact details

Daytime phone number (include area code)

0 4 0 4 1 0 3 0 7 0

Email address

b.c.kearney@bigpond.com

Section C: Your downsizer contribution

Amount of your contribution \$ 300,000.00

Any amount over \$300,000 will not be accepted as a downsizer contribution.

Section D: Your declaration

Before you sign this declaration

By signing this form, you are confirming that you understand:

- A downsizer contribution is included as a superannuation asset for the age pension means test.
- You are not able to claim a personal superannuation contribution deduction for a downsizer contribution.
- If the ATO becomes aware that your contribution does not meet the downsizer eligibility requirements, the ATO will notify your superannuation fund and the fund will need to assess whether your contribution could have been made as a personal contribution.

Note: If your contribution could be accepted as a personal contribution, it will count towards the relevant contributions cap. If your contribution can not be accepted, your superannuation fund will return your contribution.

I meet all of the eligibility requirements to make a downsizer contribution and declare that the information contained in this form is true and correct.

Providing false or misleading information on this form may result in the ATO imposing an administrative penalty.

Name (Print in BLOCK LETTERS)

CATHERINE EDITH KEARNEY

Signature

C. E. Kearney

Date

15 / 04 / 2019

Section E: Agent, intermediary, authorised officer or authorised representative's declaration

I declare all of the following:

- This form has been prepared in accordance with information supplied to me by the applicant of this form.
- I have received a declaration from the applicant stating the information provided to me to complete this form is true and correct.
- I am authorised by the applicant to give this information to their superannuation fund.

I understand that providing false or misleading information on this form may result in the ATO imposing an administrative penalty.

Name (Print in BLOCK LETTERS)

Signature

Date

/ /



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- 1 You must give this form (signed and dated) to your superannuation fund before or when your superannuation fund receives your contribution.
- 1 Without this form, your contribution will be treated as a personal contribution and will count towards your contributions caps.

- 2 For more information on the eligibility requirements to make a downsizer contribution, see the following information:

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- Downsizer Law Companion ruling LCR 2018/9
Housing affordability measures: contributing the proceeds of downsizing to superannuation

You can also phone the ATO on 13 10 20.

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Section A: Your superannuation fund details

Your superannuation fund name

MR BRIAN WILLIAM KEARNEY + MRS CATHERINE EDITH KEARNEY ATF
THE KEARNEY SUPERANNUATION FUND

Your member number

Section B: Your details

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Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Postal address

Street address

Suburb/town/locality

State/territory

Postcode

- 1 Please ensure the ATO has your correct address.

Date of birth Day: / Month: / Year:

Contact details

Daytime phone number (include area code)

0 4 0 2 1 3 7 0 5 1

Email address

b.c.keamey@bigpond.com

Section C: Your downsizer contribution

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Note: If your contribution could be accepted as a personal contribution, it will count towards the relevant contributions cap. If your contribution can not be accepted, your superannuation fund will return your contribution.

I meet all of the eligibility requirements to make a downsizer contribution and declare that the information contained in this form is true and correct.

i Providing false or misleading information on this form may result in the ATO imposing an administrative penalty.

Name (Print in BLOCK LETTERS)

BRIAN WILLIAM KEARNEY

Signature

B.W. Kearney

Date

Day: 15 / Month: 04 / Year: 2019

Section E: Agent, intermediary, authorised officer or authorised representative's declaration

- I declare all of the following:
- * This form has been prepared in accordance with information supplied to me by the applicant of this form.
 - * I have received a declaration from the applicant stating the information provided to me to complete this form is true and correct.
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Name (Print in BLOCK LETTERS)

Signature

Date

Day: / Month: / Year: