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

2   Postal address

Suburb/town/locality   State/territory   Postcode

3   Australian business number (ABN) or withholder payer number

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:

Family name

First given name   Other given names

7   Current postal address

Suburb/town/locality   State/territory   Postcode

8   Date of birth

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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Section A: **Payee details**

Tax file number

Surname or family name

Given name(s)

Residential address

Suburb/town/locality   State/territory   Postcode

                          Day   Month   Year

Date of birth (if known)

Section B: **Payment details**

Date of payment

TOTAL TAX WITHHELD **$**

Taxable component

   Taxed element   **$**

   Untaxed element   **$**

Tax-free component   **$**

Is this payment a death benefit?   No   Yes

Type of death benefit   Trustee of deceased estate   or Non-dependant

Section C: **Payer details**   Australian business number (ABN) or withholding payer number (WPN)

           ❗ You **must** also complete this section   Branch
                                                                                    number

Name (use the same name that appears on your activity statement)

Privacy – For information about your privacy visit our website at **ato.gov.au/privacy**

DECLARATION – *I declare that the information given on this form is complete and correct.*

Signature of
authorised
person   Date

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Family name

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6   Your full name

Title:

Family name

First given name   Other given names

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Suburb/town/locality   State/territory   Postcode

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

9   **Lump sum payment is
calculated to this date**

10   **Superannuation lump sum components**

Taxable component

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Total amount   **$**

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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**

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Date

PART 2 – MEMBER TO COMPLETE

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Day	Month	Year

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Date of payment

TOTAL TAX WITHHELD **$**

Taxable component

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Signature of authorised person   Date