

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

NORMOYLE SUPERANNUATION FUND

2 Postal address

PO BOX 1777

Suburb/town/locality

WOLLONGONG DC

State/territory

NSW

Postcode

2500

3 Australian business number (ABN) or withholder payer number

49150492715

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:

MR

Family name

NORMOYLE

First given name

Other given names

THOMAS

7 Current postal address

61 GEORGE ROAD

Suburb/town/locality

LEPPINGTON

State/territory

NSW

Postcode

2179

8 Date of birth

PROVIDED

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: \$ 500000.00

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: \$

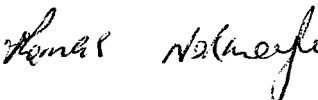
Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

THOMAS NORMOYLE

Signature



Date

❗ You should keep a copy of the statement for your
records for a period of five years.

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Family name

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Section B: Member's details

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Title:

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Family name

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First given name

Other given names

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Total amount \$

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Section E: Cash amount

1 Pay me a gross cash amount of: \$ 1535250.00

I understand that this amount
may be subject to tax.

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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

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PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

1 Pay me a gross cash amount of: \$ 582375.00

I understand that this amount
may be subject to tax.

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sure you are aware of your tax obligations and superannuation
roll over options.

Section F: Rollover payment

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5 Member account number

6 Roll over an amount of: \$

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