



Capital gains tax cap election

When completing this Form

You can complete this form electronically or with a pen.
If you choose to use a pen:

- Print clearly in BLOCK LETTERS, using a black pen.
- Place **X** in ALL relevant boxes.

i You must give your signed and dated election to your super fund either with your contribution or before your contribution is made. It's not valid if the contribution has already been made.

Section A: Your super fund's details

1 Fund's name

JGHK Super Fund

2 Australian business number (ABN)

3 Member account number

Section B: Your details

4 Tax file number (TFN)

i The ATO does not collect the information provided on this form. This form is to assist you in providing details to your super fund. Your super fund is authorised to request your personal details, including your TFN, under the *Superannuation Industry (Supervision) Act 1993* (s299E, 299F and 299G). It is not an offence not to provide your TFN. However, if you do not provide your TFN, and your super fund doesn't already hold your TFN, they will not be permitted to accept the contribution covered by this election. For more information about your privacy, contact the entity you are providing this form to.

5 Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

6 Address

Suburb or town

State or territory

Postcode

7 Date of birth / /

8 Daytime phone number (include area code)

Section C: Payer details

9 Name

JAMES GERARD KNIGHT

10 ABN

11 Contact name

Title: Mr Mrs Miss Ms Other

Family name

KNIGHT

First given name

JAMES

Other given names

GERARD

12 Contact phone number (include area code)

0 4 2 7 9 8 7 0 2 9

Section D: Election

- !** This election is only valid for personal 'after-tax' contributions. If a payer is not acting for you and on your behalf the contribution may not be a personal contribution. For example, if your employer makes the contribution under an obligation to contribute for you it may be treated as an employer contribution and be counted towards the concessional contributions cap.

13 Election and amount

Place an **X** in the appropriate box to show the CGT concession(s) that applies to you. In each case provide the amount you choose to exclude from your non-concessional contributions cap because of your entitlement to the CGT concession.

Small business retirement exemption amount Provide amount \$, 5 0 0 , 0 0 0 . 0 0

Small business 15-year exemption amount Provide amount \$, , .

- !** There are limits on the amounts you can claim. If you exceed them your election will not be effective. For details of these limits visit our website at ato.gov.au and refer to *CGT cap election*.

14 Is this election for a further contribution of a financial benefit from a look-through earnout right from an earlier CGT event? (See instructions)

Yes No

- !** Financial benefits provided under look-through earnout rights must generally be made within five years of the end of the income year in which the CGT event occurred.

Section E: Declaration

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

I declare, that:

- the personal contributions for which this election is to apply will be made by me or on my behalf
- I am eligible for one or both of the following CGT concessions
 - the small business 15-year exemption
 - the small business retirement exemption
- I have met all the requirements of section 292-100 of the Income Tax Assessment Act 1997 to elect to have the contributions excluded from the non-concessional contributions cap and the amount of the contribution does not exceed my CGT cap amount.
- the information is true and correct.

Name (Print in BLOCK LETTERS)

JAMES GERARD KNIGHT

Signature



Date

Day Month Year
2 2 / 0 5 / 2 0 2 3

Print form

Save form

Reset form



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5 Full name

Title: Mr Mrs Miss Ms Other

Family name

KNIGHT

First given name

HELEN

Other given names

6 Address

5 MARINA AVENUE

Suburb or town

BELAIR

State or territory

S A ▼

Postcode

7 Date of birth / /

8 Daytime phone number (include area code)

Section C: Payer details

9 Name

HELEN KNIGHT

10 ABN

11 Contact name

Title: Mr Mrs Miss Ms Other

Family name

KNIGHT

First given name

HELEN

Other given names

12 Contact phone number (include area code)

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Name (Print in BLOCK LETTERS)

HELEN KNIGHT

Signature



Date

Day Month Year
2 5 / 0 5 / 2 0 2 3

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