



Who should complete this report?

- there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount
- incorrect information has previously been reported to us.

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

Follow the Super transfer balance account report instructions for assistance when completing this report.

You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the “Yes” box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S	M	I	T	H		S	T				
---	---	---	---	---	--	---	---	--	--	--	--

- Place χ in ALL applicable boxes.



1 Tax file number (TFN)

❗ You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

Title: Mr Mrs Miss Ms Other

[illegible]

Other given names

--	--

Day

Month

Year

3 Date of birth / /

[illegible][illegible]

Suburb/town

State/territory

Postcode

[illegible]

State/territory

Postcode

Country if other than Australia

[illegible]

Section D-1: Event one

! Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a second event in Section D-2.

11 Is the first event:

A response to a commutation authority ☐ Go to question 12.

An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

A limited recourse borrowing arrangement repayment ☐ Go to question 13.

A different transfer balance cap event ☐ Go to question 14.

Additional information to calculate a member's total super balance or concessional contributions – Go to questions 15 and 16.

Transfer balance cap event

12 Commutation authority

An event that occurred in response to a commutation authority issued by the ATO.

! 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.

Event type:

Commutation authority – commuted in full ☐

Commutation authority – commuted in part ☐

Commutation authority – deceased ☐

Commutation authority – defined benefit ☐

> Go to Event details on the next page.

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

A transfer balance cap event in relation to an income stream in existence just before 1 July 2017; a new income stream that commenced on or after 1 July 2017; or an LRBA repayment.

! 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 ☐

! If you select one of the below events you can only report one event in this report. Refer to the instructions for more information.

Child death benefit income stream ☐

Child reversionary income stream ☐

> Go to Event details on the next page.

14 Other transfer balance cap event

Any other transfer balance cap event.

! If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

> Go to Event details on the next page.

Section D-2: **Event two**

! Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a third event in Section D-3.

11 Is the second event:

A response to a commutation authority ☐ Go to question 12.

An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

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Additional information to calculate a member's total super balance or concessional contributions – **Go to questions 15 and 16.**

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Commutation authority – commuted in part ☐

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Event type:

Super income stream ☐

Reversionary income stream ☐

LRBA repayment ☐

> Go to Event details on the next page.

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Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

> Go to Event details on the next page.

Section D-3: Event three

! Refer to the instructions for more information on how to complete this section. Only report one event in this section. You can report a fourth event in Section D-4.

11 Is the third event:

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An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

A limited recourse borrowing arrangement repayment ☐ Go to question 13.

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Transfer balance cap event

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Commutation authority – commuted in part ☐

Commutation authority – deceased ☐

Commutation authority – defined benefit ☐

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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 ☐

> Go to Event details on the next page.

14 Other transfer balance cap event

Any other transfer balance cap event.

! If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

> Go to Event details on the next page.

Section D-4: **Event four**

! Refer to the instructions for more information on how to complete this section. Only report one event in this section.

11 Is the fourth event:

A response to a commutation authority ☐ Go to question 12.

An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

A limited recourse borrowing arrangement repayment ☐ Go to question 13.

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Transfer balance cap event

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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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Event type:

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Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

➤ Go to Event details on the next page.

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

Business hours phone number (include area code)

Trustee, director or authorised officer signature

Date / /

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

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



Who should complete this report?

- there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
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- incorrect information has previously been reported to us.

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You must complete and lodge separate reports for each member. If you have more than four events to report for a member you must lodge separate reports. However, if you are reporting a child death benefit income stream or a child reversionary income stream you can only report one event per report.

To cancel or update information already reported to us, you must cancel the original report. Ensure the “Yes” box in Section B is clearly marked and lodge the report exactly the same as the original event. A new report can then be lodged with the correct information.

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S	M	I	T	H		S	T				
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- Place χ in ALL applicable boxes.



1 Tax file number (TFN)

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Title: Mr Mrs Miss Ms Other

[illegible]

Other given names

--	--

Day

Month

Year

3 Date of birth / /

4 Current residential address

[illegible][illegible]

Suburb/town

State/territory

Postcode

[illegible]

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--	--	--	--

(Australia only)

(Australia only)

Country if other than Australia

[illegible]

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

[illegible]

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

[illegible]

9 Fund/Provider ABN

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10 Fund/Provider TFN

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Section D-1: Event one

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Transfer balance cap event

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Commutation authority – deceased ☐

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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 ☐

! If you select one of the below events you can only report one event in this report. Refer to the instructions for more information.

Child death benefit income stream ☐

Child reversionary income stream ☐

> Go to Event details on the next page.

14 Other transfer balance cap event

Any other transfer balance cap event.

! If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

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Section D-2: **Event two**

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Any other transfer balance cap event.

! If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

> Go to Event details on the next page.

Section D-4: **Event four**

! Refer to the instructions for more information on how to complete this section. Only report one event in this section.

11 Is the fourth event:

A response to a commutation authority ☐ Go to question 12.

An income stream that commenced prior to 1 July 2017 ☐ Go to question 13.

An income stream that commenced on or after 1 July 2017 ☐ Go to question 13.

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Event type:

Member commutation ☐

Income stream stops being in retirement phase ☐

Structured settlement – post 1 July 2017 ☐

➤ Go to Event details on the next page.

! 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.

! You don't have to provide the TFN to us. However, if you do, it will help us identify the third party correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

Family name

[illegible]

First given name

[illegible]

Other given names

[illegible]

Day

Month

Year

27 Date of birth / /

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

Business hours phone number (include area code)

Trustee, director or authorised officer signature

Date / /

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

Date / /

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