

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

DI DOMENICO & MCCLENAGHAN 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

80265095224

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:

MRS

Family name

MCCLENAGHAN

First given name

Other given names

JOAN CATHERINE

7 Current postal address

28 DERRIMUT ROAD

Suburb/town/locality

HOPPERS CROSSING

State/territory

VIC

Postcode

3029

8 Date of birth

PROVIDED

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

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Lump sum payment is calculated to this date

26 JUNE 2023

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Superannuation lump sum components

Taxable component		
Taxed element	\$	814
Untaxed element	\$	
Tax-free component		
	\$	1
Total amount	\$	815

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Preservation amounts of the superannuation lump sum

Preserved amount	\$	
Restricted non-preserved	\$	
Unrestricted non-preserved	\$	815
Total amount	\$	815

Section D: **Superannuation provider's signature**

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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)

JOAN CATHERINE MCCLENAGHAN

Signature

Date

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