

# PAYG payment summary – superannuation lump sum

You must complete all sections of this form. For help completing this form, visit our website at [ato.gov.au/paymentsummaries](https://ato.gov.au/paymentsummaries)

**Payment summary for year ending 30 June**

If you are **amending a payment summary** you have already sent, place X in this box

## Section A: Payee details

Tax file number

Surname or family name

Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Date of birth (if known)

## Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$


Place an ☐ in the appropriate box for each field below.

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](https://ato.gov.au/privacy)

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

Signature of authorised person

Date

**Warning:** This form has been designed to assist you to prepare the ATO's PAYG payment summary - Superannuation lump sum. This form cannot be lodged with the ATO.

# 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.

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## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

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### 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)

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### 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**

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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	
Taxed element	\$
Untaxed element	\$
Tax-free component	\$
<b>Total amount</b>	<b>\$</b>

**11 Preservation amounts of the superannuation lump sum**

Preserved amount	\$
Restricted non-preserved	\$
Unrestricted non-preserved	\$
<b>Total amount</b>	<b>\$</b>

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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

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## PART 2 – MEMBER TO COMPLETE

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### 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.

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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: \$**

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### 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

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

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