

## Downsizer contribution into superannuation form

- Tou must give this form (signed and dated) to your superannuation has reverse your contribution.
- Without this form, your contribution will be treated as a consonal contribution and will count towards your contributions caps.

## When completing this form

- Before you complete this form you should ensure you meet all of the eligibility requirements to make a downsizer contribution.
- Enabled all the sections of the form including signing the declaration.
- Print clearly in BLOCK letters.
- If you are the individual completing the form, you only need to complete sections A-D, section E is not required.

- For more information on the eligibility requirements to make a downsizer contribution, see the following information
  - ato.gov.au/downsizing
  - Downsizer Law Companion ruling LCR 2018/9
     Housing affordability measures: contributing the proceeds of downsizing to superannuation

You can also phone the ATO on 13 10 20.

Section A: Your superannuation fu	nd details
Your superannuation fund name	
DIAMANTIS SUPERANNUATION FUND	
Your member number 2	
Section B: Your details	
Tax file number (TFN) 5 6 6 1 7 0 2 3	3 7
superannuation fund. Your superannuation fund is authori (TFN), under the Superannuation Industry (Supervision) Ac do not provide your TFN and your superannuation fund do	s form. This form is to assist you in providing details to your ised to request your personal details, including your tax file number of 1993. It is not an offence not to provide your TFN, however if you loes not already hold your TFN, they will not be permitted to accept ase contact the superannuation fund you are providing this form to.
Full name  Trile: Mr Mrs Miss Ms Other  Family name	
DIAMANTIS	
First given name	Other given names
SALLY	MELINDA
Postal address Street address	
C/- CRASE CONSULTING GROUP	
LEVEL 4, 18-20 GRENFELL STREET	
Suburb/town/locality	State/territory Postcode
ADELAIDE	SA V 000
Please ensure the ATO has your correct address.  Date of birth 10 / 07 / 1957	



Contact details		
Daytime phone number (include area code)		
0882311888		
Email address		
admin@crase.com.au		
Section C: Your downsizer contribution		
Amount of your contribution \$300,000.00		
Any amount over \$300,000 will not be accepted as a downsizer contribution.		
Section D: Your declaration		
Before you sign this declaration		
By signing this form, you are confirming that you understand:		
<ul> <li>A downsizer contribution is included as a superannuation asset for the age pension means test.</li> <li>You are not able to claim a personal superannuation contribution deduction for a downsizer contribution.</li> </ul>		
If the ATO becomes aware that your contribution does not meet the downsizer eligibility requirements, the ATO will notify your superannuation fund and the fund will need to assess whether your contribution could have been made as a personal contribution.		
Note: If your contribution could be accepted as a personal contribution, it will count towards the relevant contributions cap.  If your contribution can not be accepted, your superannuation fund will return your contribution.		
I meet all of the eligibility requirements to make a downsizer contribution and declare that the information contained in this form is true and correct.		
Providing false or misleading information on this form may result in the ATO imposing an administrative penalty.		
Name (Print in BLOCK LETTERS)		
SALLY MELINDA DIAMANTIS		
Signature		
	Date	
SMOanaris	Day Month Year	
	28 / 06 / 2023	
Section E: Agent, intermediary, authorised officer or authorised		
representative's declaration		
X I declare all of the following:		
This form has been prepared in accordance with information supplied to me by the applicant of this form.  I have received a declaration from the applicant stating the information provided to me to complete this form is true		
and correct.		
<ul> <li>I am authorised by the applicant to give this information to their superannuation fund.</li> <li>I understand that providing false or misleading information on this form may result in the ATO imposing an</li> </ul>		
administrative penalty.		
Name (Print in BLOCK LETTERS)  DAVID CRASE		
Signature	]	
XX C 24	Date Day Month	
	28/06/2023	
	- ساس بالا	
Page 2 OFFICIAL: Sensitive (when complete	ed)	