

Downsizer contribution into superannuation form

- You must give this form (signed and dated) to your superannuation fund before or when your superannuation fund receives your contribution.
- Without this form, your contribution will be treated as a research contribution and will count towards your contributions caps

When completing this form

- Perce you complete this form you should ensure you meet all
 of the eligibility requirements to make a downsizer contribution.
- Fill out all the sections of the form including signing the declaration.
- Pnnt 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 for Your superannuation fund name | una aetans | | | |
|--|--|---|---|--|
| DIAMANTIS SUPERANNUATION FUND | · | | | |
| | | | | - |
| Your member number 1 | | | | |
| Section B: Your details | 20011200 | | | |
| Tax file number (TFN) 587 294 8 | 3 6 9 | | | |
| The ATO does not collect the information provided on a superannuation fund. Your superannuation fund is auth (TFN), under the Superannuation Industry (Supervision, do not provide your TFN and your superannuation fund the contribution. For more information about privacy, p | horised to request your pers a) Act 1993, It is not an offen d does not already hold you | onal details, ce not to pro TFN, they v | including your tax : wide your TFN, ho vill not be permitte | file number wever if you d to accept |
| Full name Title: Mr Mrs Miss Ms Other DR Family name | | | | |
| DIAMANTIS | | | | |
| First given name | Other given names | | | |
| KYM | JOHN | | | |
| Postal address | | | | |
| Street address C/- CRASE CONSULTING GROUP | | | | |
| | | | | |
| LEVEL 4, 18-20 GRENFELL STREET | | <u>.</u> | State/territory | Postcode |
| Suburb/town/locality ADELAIDE | | | SA | 5000 |
| ADELAIDE | | | | المالمال |
| Please ensure the ATO has your correct address. | ' | | | |
| | | | | |



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| Contact details | |
|---|--|
| Davime phone number (include area code) | |
| 0882311888 | |
| Email address | |
| ladmin@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: | again toot |
| A downsizer contribution is included as a superannuation asset for the age pension in You are not able to claim a personal superannuation contribution deduction for a down | |
| If the ATO becomes aware that your contribution does not meet the downsizer eligibility our superannuation fund and the fund will need to assess whether your contribution personal contribution. | ity requirements, the ATO will notify |
| Note: If your contribution could be accepted as a personal contribution, it will count to lifyour contribution can not be accepted, your superannuation fund will return your contribution. | owards the relevant contributions cap. |
| I meet all of the eligibility requirements to make a downsizer contribution and declars true and correct. | re that the information contained in this form |
| Providing false or misleading information on this form may result in the ATO i | mposing an administrative penalty. |
| Name (Print in BLOCK LETTERS) | |
| KYM JOHN DIAMANTIS | |
| Signature | |
| | Date |
| | 28 / 06 / 2023 |
| | |
| Section E: Agent, intermediary, authorised office representative's declaration | er or authorised |
| I declare all of the following: | |
| Inis form has been prepared in accordance with information supplied to me by the line information provided to me by the information provided. In a received a declaration from the applicant stating the information provided. | |
| and correct. # I am authorised by the applicant to give this information to their superannuation to | und. |
| I understand that providing false or misleading information on this form may administrative penalty. | result in the ATO imposing an |
| Name (Print in BLOCK LETTERS) | |
| DAVID CRASE | |
| Signature | |
| / XX | Date |
| | Cuy Moratn Year |
| · / / | 28/06/2023 |

OFFICIAL: Sensitive (when completed)

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