



**Contact details**

Daytime phone number (include area code)

0 8 8 2 3 1 1 8 8 8

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:

- A downsizer contribution is included as a superannuation asset for the age pension means test.
- You are not able to claim a personal superannuation contribution deduction for a downsizer contribution.
- 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)

KYM JOHN DIAMANTIS

Signature

Date

Day: 28 / Month: 06 / Year: 2023

**Section E: Agent, intermediary, authorised officer or authorised representative's declaration**

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.
- I am authorised by the applicant to give this information to their superannuation fund.

I understand that providing false or misleading information on this form may result in the ATO imposing an administrative penalty.

Name (Print in BLOCK LETTERS)

DAVID CRASE

Signature

Date

Day: 28 / Month: 06 / Year: 2023