



# Super transfer balance account report

## Who should complete this report?

Super providers and life insurance companies should complete this report when:

- there is a transfer balance account reporting requirement
- further information is required to calculate a member's total super balance
- further information is required to determine a member's concessional contributions amount.

The obligation to report is on:

- the trustee of the fund for a super fund, including self-managed super funds (SMSFs) or an approved deposit fund (ADF)
- the retirement savings account (RSA) provider for an RSA
- a director of the life insurance company for a life insurance company.

## Instructions

Follow the Super transfer balance account report instructions for assistance when completing this report.

Only **one** event for each member account can be reported on a Super transfer balance account report. If you have multiple events or multiple member accounts to report you must complete and lodge separate reports for each event and member account.

Where a Super transfer balance account report for a member needs to be cancelled, you will need to complete this report exactly the same as the report originally lodged with us. The only difference will be the cancellation indicator in Section B will contain an **X** in the Yes box. If you are cancelling a previous report due to an error, you will need to lodge a new report with the correct information.



## Completing this report

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

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- Place **X** in ALL applicable boxes.

## Section A: Member details

1 Tax file number (TFN) 5 6 4 7 6 2 9 6 2

**!** You don't have to provide the TFN to us. However, if you do, it will help us identify the member correctly and process your report quickly. For more information on privacy, refer to [ato.gov.au/privacy](http://ato.gov.au/privacy)

## 2 Name

Title: Mr  Mrs  Miss  Ms  Other

Family name  
M O R R I S S E Y

First given name: R O B E R T  
Other given names: C H A R L E S

3 Date of birth 19 / 12 / 1952

## 4 Current postal address

6 8 F E R G U S O N A V E N U E

Suburb/town: M Y R T L E B A N K

State/territory: S A (Australia only)

Postcode: 5 0 6 4 (Australia only)

Country if other than Australia



## 12 Commutation authority

An event that occurred in response to a commutation authority issued by the ATO.

- ❗ A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.

### Event type:

- Commutation authority – commuted in full
- Commutation authority – commuted in part
- Commutation authority – deceased
- Commutation authority – defined benefit

## 13 New income stream events or a limited recourse borrowing arrangement (LRBA) repayment

A transfer balance cap event in relation to a new income stream or an LRBA repayment.

- ❗ If you select either **child death benefit income stream** or **child reversionary income stream** you must complete Section F.

### Event type:

- Super income stream
- Reversionary income stream
- Child death benefit income stream
- Child reversionary income stream
- LRBA repayments

## 14 Other transfer balance cap event

Any other transfer balance cap event.

- ❗ If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

### Event type:

- Member commutation
- Income stream stops being in retirement phase
- Structured settlement – post 1 July 2017

## 15 Total super balance

Information regarding the total super balance of a member.

- ❗ Only use one of these event types if you are reporting information for your member's total super balance.

### Event type:

- Accumulation phase value
- Retirement phase value

## 16 Concessional contributions

Information regarding the notional taxed contributions of a member.

- ❗ Only use this event type if you are reporting information for your members notional taxed contributions.

### Event type:

- Notional taxed contributions

17 Effective date   /   /

18 Value \$

19 Was the commutation paid directly to the member? (ie, paid out of the super system)  
 Only complete this question if the *Reporting event type* is **Commutation authority – commuted in full** or **Commutation authority – commuted in part**.  
If unknown leave this question blank.  
No  Yes

**Section E: Member account details**

Only certain event types require you to answer question 20. Refer to the instructions for more information on how to complete this question.

- 20 Member account type
- Account-based income stream
  - Capped defined benefit income stream just before 1 July 2017
  - Market-linked capped defined benefit income stream just before 1 July 2017
  - Capped defined benefit income stream on or after 1 July 2017

21 Is the account closed?  
No  Yes

22 Unique superannuation identifier (USI)  
If you don't have a USI leave this question blank

23 Member account number

24 Member client identifier (number)  
If you don't have a member client identifier leave this question blank

**Section F: Third party details**

**i** You only need to complete Section F if the *Reporting event type* is **Child death benefit income stream** or **Child reversionary income stream**. Otherwise leave Section F blank. You must complete this section with the deceased person's details.

**25 Tax file number (TFN)**

**i** You don't have to provide the TFN to us. However, if you do, it will help us identify the third party details correctly and process your report quickly. For more information on privacy, refer to [ato.gov.au/privacy](http://ato.gov.au/privacy)

**26 Name**

Family name

First given name

Other given names

**27 Date of birth**   /   /

## Section G: Declarations

Complete the declaration that applies to you. Print your full name then sign and date the declaration.

- !** Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

### Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the super provider.

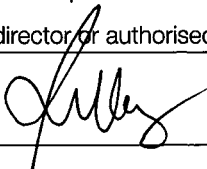
*I declare that the information contained in the statement is true and correct.*

Name

R O B E R T M O R R I S S E Y

Business hours phone number (include area code) 0 8 8 2 3 1 1 8 8 8

Trustee, director or authorised officer signature



Date 

Day	2	3
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 / 

Month	0	7
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 / 

Year	2	0	2	3
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OR

### Authorised representative declaration

Complete this declaration if you are an authorised representative of the super provider or life insurance company.

*I declare that:*

- I have prepared the statement with the information supplied by the super provider or life insurance company
- I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.

Name

Business hours phone number (include area code)

Authorised representative signature

Date 

Day		
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 / 

Month		
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 / 

Year				
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## Lodging this report

You can lodge this report via:

- Tax Agent Portal
- Business Portal if you are a business portal user
- Fax or post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by fax or post, use the postal address or fax number below:

**Australian Taxation Office**  
**PO BOX 3006**  
**PENRITH NSW 2740**  
**Fax: 1300 730 298**