

# 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.

## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

#### 1 Superannuation fund, ADF, RSA or annuity provider name

MANSUR OSTROGNAY SUPERANNUATION FUND

#### 2 Postal address

PO BOX 1900

Suburb/town/locality

MIDLAND DC

State/territory

WA

Postcode

6936

#### 3 Australian business number (ABN) or withholder payer number

57748275905

#### 4 Authorised contact person

Title: MR

Family name

MANSUR

First given name

Other given names

AVRAHAM

#### 5 Daytime phone number (include area code)

### Section B: Member's details

#### 6 Your full name

Title: MR

Family name

MANSUR

First given name

Other given names

AMIR

#### 7 Current postal address

41 HYLAND STREET

Suburb/town/locality

BASSEDEAN

State/territory

WA

Postcode

6054

#### 8 Date of birth

20 NOVEMBER 1988

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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 \$

**Total amount** \$

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

Preserved amount \$

Restricted non-preserved \$

Unrestricted non-preserved \$

**Total amount** \$

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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

## PART 2 – MEMBER TO COMPLETE

### Section E: Cash amount

1 Pay me a gross cash amount of: \$ 73280.80

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.

### Section F: Rollover payment

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

ASGARD

3 Fund ABN 92009279592

4 Superannuation fund, ADF, RSA or annuity provider postal address:

PO BOX 7490  
CLOISTERS SQUARE

Suburb/town/locality

PERTH

State/territory

WA

Postcode

6850

5 Member account number

6 Roll over an amount of: \$ 73280.80


### Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

AMIR MANSUR

Signature



Date

23/1/2020

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



# PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2020

**Warning:** This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

## Section A: Payee details

Tax file number	819332736		
Surname or family name	MANSUR		
Given name(s)	AMIR		
Residential address	41 HYLAND STREET		
Suburb/town/locality	State/territory	Postcode	
BASSENDAN	WA	6054	
Date of birth (if known)	Day	Month	Year
	20	NOVEMBER	1988

## Section B: Payment details

Date of payment 20 JANUARY 2020

TOTAL TAX WITHHELD \$

### Taxable component

Taxed element \$ 74328.75

Untaxed element \$

Tax-free component \$

Is this payment a death benefit? No  Yes

Type of death benefit Trustee of deceased estate  or Non-dependant

## Section C: Payer details

**!** You must also complete this section

Australian business number (ABN) or withholding payer number (WPN)

57748275905

Branch number

Name (use the same name that appears on your activity statement)

MANSUR OSTROGNAY SUPERANNUATION FUND

**Privacy** – For information about your privacy visit our website at [ato.gov.au/privacy](http://ato.gov.au/privacy)

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

Signature of authorised person

Manny Ostrogny

Date

21/1/2021

**NOTICE TO PAYEE** If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit [www.ato.gov.au](http://www.ato.gov.au) - refer to TaxPack - phone 13 28 61

# Rollover benefits statement

## When to use this statement

- ❗ Use this form for all rollover benefits transactions other than death benefit rollovers.

If you need to rollover a death benefit, use NAT 74924-06.2017.

If you need to correct an error for a payment made before 1 July 2013, use NAT 70944-05.2007.

Complete this form (or a similar form you create that collects the same information) if you are a trustee of a superannuation fund or provider of a retirement savings account (RSA) and any of the following apply:

- you are paying a rollover superannuation benefit other than a death benefit rollover to another fund or RSA, and you are not already providing all of this information electronically under the rollover data standards
- you have paid a rollover superannuation benefit to another fund or RSA and are providing a statement about the rollover to your member
- you are the trustee of a non-complying fund and are paying member benefits to another superannuation fund or RSA (complete section **D** instead of section **C**).

- ❗ You must provide your member with a member statement using this form (or a similar form you create that includes the same information) for all rollovers, including if you applied the data standards and you didn't use this form for the fund-to-fund transaction.

## Completing this statement

- Print clearly in BLOCK LETTERS using a black pen only.
- Place **X** in ALL applicable boxes.
- Use a separate form for each rollover payment you are making.

- ❗ Read the instructions carefully. Penalties may apply if you make a false or misleading statement on this form without taking reasonable care.

## Section A: Receiving fund

1 Australian business number (ABN)

2 Fund name

3 Postal address

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

4 (a) Unique superannuation identifier (USI)

(b) Member client identifier

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## Section B: Member's details

5 Tax file number (TFN)

6 Full name

Title:

Family name

First given name

Other given names

7 Residential address

Suburb/town/locality

State/territory

Postcode

Country if other than Australia

8 Date of birth

9 Sex

10 Daytime phone number (include area code)

11 Email address (if applicable)

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## Section C: Rollover transaction details

❶ Include dollars and cents. The totals at item 13 and 14 must both equal the amount of the rollover payment.

12 Service period start date

13 Tax components

Tax-free component \$

KiwiSaver tax-free component \$

Taxable component:

Element taxed in the fund \$

Element untaxed in the fund \$

Tax components TOTAL \$

❶ Make sure you apply the proportioning rule to the tax components if you are not rolling over the member's full interest in your superannuation fund.



**14 Preservation amounts**

Preserved amount \$   
KiwiSaver preserved amount \$   
Restricted non-preserved amount \$   
Unrestricted non-preserved amount \$

Preservation amounts TOTAL \$

❗ If the rollover payment contains a **KiwiSaver preserved amount**, you can't make the rollover payment to a self-managed superannuation fund (SMSF) under the preservation rules.

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**Section D: Non-complying funds**

❗ Only complete this section if you are a trustee of a non-complying fund.

**15 Contributions made to a non-complying fund on or after 10 May 2006**

\$

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**Section E: Transferring fund**

**16 Fund ABN**

**17 Fund name**

**18 Contact name**

Title:

Family name

First given name

Other given names

**19 Daytime phone number** (include area code)

**20 Email address** (if applicable)

## Section F: Declaration

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

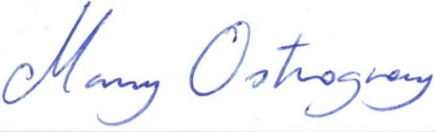
### Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

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

Name (BLOCK LETTERS)

Trustee, director or authorised officer signature



Date

**OR**

### Authorised representative declaration

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

*I declare that:*

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

Name (BLOCK LETTERS)

Authorised representative signature

Date

Tax agent number (if you are a registered tax agent)

## Where to send this form

- !** Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in section **A** within seven days of paying the rollover
- provide a copy to the member in section **B** within 30 days of paying the rollover
- keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section **A**)
- use this form only to provide a statement to the member in section **B** within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.



# Asgard Employee Super Account Contribution/rollover remittance advice



Complete this form in **BLOCK LETTERS** to make a one-off deposit into your Asgard Employee Super Account (Asgard Employee Super) and post it to Asgard, PO Box 7490, Cloisters Square, WA 6850.

**i** This symbol indicates you need to give us more information.

Questions? Call our Contact Centre on 1800 998 185 or email [asgard.investor.services@asgard.com.au](mailto:asgard.investor.services@asgard.com.au)

**Note:**

- Where there is a reference to a fee excluding GST, a net GST expense recovery amount (after reduced input tax credits) is payable and will be added to the amount deducted from your account.
- Privacy laws protect your privacy. Please read our Privacy Brochure for more information. A copy can be obtained from our website at [www.asgard.com.au](http://www.asgard.com.au).
- If you are making a personal deducted contribution, sections 2, 5 and 9 of this form must be completed. In addition you should also ensure you have completed all other applicable sections.
- Please make cheques payable to Asgard – AESA and cross them 'Not negotiable'.

## 1. Account details

Account number

5411200 - D2 - 01

Account name

AMIR ZOHAR OSTROGNAY MANSUR

Date of birth

20111988

Phone

□ □ □ □ □ □ □ □ □ □

Mob:

0406 425 252

Email

amir\_a@msn.com

## 2. Address

Your residential address is required for taxation purposes only. No address changes will be made to our system as a result of the address you supply here.

Address

UNIT 50 NUMBER 43 WICKHAM STREET

EAST PERTH State WA Postcode 6004

**Note:** You must complete this section if you are making a personal deducted contribution.





# Rollover form

A NOTE FOR ALL SUPER FUNDS: This rollover form complies with Part 7.10 of the Superannuation Industry (Supervision) Regulations 1997 and is subject to mandatory disclosure as outlined in this form in Section 6.2.

**!** If you have multiple super funds, you must complete a separate form for each account you wish to transfer to Asgard. Make sure you photocopy this blank form before you get started.

## COMPLETING THIS FORM

- See the reverse of this form to help you complete each step.
- This form is only for whole (not part) balance transfers.

## AFTER COMPLETING THIS FORM

- Sign the authorisation and disclosure authority.

## Personal details

Title: Mr  Mrs  Miss  Ms  Other  DR

\*Family name: MANSUR

\*Given names: AMIR ZOHAR OSTROGWAY

Other/previous names:

\*Date of birth: Day 20 / Month 11 / Year 1988

Tax file number: 829332736

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.

➔ See Step 1 on the reverse for more information.

\*Gender: Male  Female

Contact phone number: 0406425252

## Residential address

\*Address: 50/43 WICKHAM STREET

Suburb: EAST PERTH

State/Territory: WA Postcode: 6004

## Previous address

**!** If you know that the address held by your FROM fund is different to your residential address, please give details below.

Address:

Suburb:

State/Territory: Postcode:

## Fund details

### FROM

\*Fund name: MANSUR OSTROGWAY SUPER FUND

Fund phone number:

\*Membership or account number: MOSMSF4

Australian Business Number (ABN): 57 748 275 905

Unique Superannuation Identifier: AU100793MOSF18

### TO

\*Fund name: Asgard Employee Super Account  
PO Box 7490 Cloisters Square WA 6850

Fund phone number: 1800022555

\*Membership or account number: 5411200-D2-01

Australian Business Number (ABN): 92 009 279 592

Unique Superannuation Identifier: ASG0007AU

You must check with your TO fund to ensure they can accept this transfer.

## Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require any further information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect on this transfer.

## SIGN THIS SECTION

\*Name (print in BLOCK LETTERS)

AMIR MANSUR

\*Signature

X

\*Date (DD/MM/YY)

03/05/19

## Disclosure authority

The purpose of this section is to enable the Trustee to follow up your transfer request on your behalf. The Trustee is sensitive to privacy issues, and we treat all personal information we receive with the utmost care. For further information on how we manage information, please refer to our Privacy Brochure for more information which is available from our website [asgard.com.au](http://asgard.com.au)

\*I (full name) AMIR ZOHAR OSTROGWAY MANSUR

of the above-mentioned address hereby authorise full disclosure of my account information to the Trustee.

Upon production of this document, a photocopy, or facsimile, I authorise you to:

- Answer any correspondence from the Trustee to the extent necessary to give effect to the proposed transfer
- Provide any information as requested by the Trustee via phone, facsimile or email relating to my accounts held with you.

\*Signature

X

\*Date (DD/MM/YY)

03/05/19

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

IN-CONFIDENCE – when completed