

# Minutes of a Meeting of the Director(s)

held on 06 January 2022 at 78 Bottlebrush Drive, Jimboomba Woods, Queensland 4280

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**PRESENT:** John David Pratt and Annette Joan Pratt

**LUMP SUM PAYMENT:** Member John David Pratt wishes to make the following lump sum payment(s)


Lump Sum Date	Account Name	Amount
06/01/2022	Account Based Pension 12	1,883.00

**TRUSTEE ACKNOWLEDGEMENT:**

It was resolved that Trustee(s) have agreed to this and has taken action to ensure the following:

- The Trustee(s) will notify the member, in writing, of their lump sum amount.
- The Trustee(s) will comply with the ATO obligations.

**CLOSURE:** Signed by the chairperson pursuant to the Fund Deed.

  
.....  
John David Pratt  
Chairperson

# Minutes of a Meeting of the Director(s)

held on 06 January 2022 at 78 Bottlebrush Drive, Jimboomba Woods, Queensland 4280

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**PRESENT:** John David Pratt and Annette Joan Pratt


**LUMP SUM PAYMENT:** Member Annette Joan Pratt wishes to make the following lump sum payment(s)

Lump Sum Date	Account Name	Amount
06/01/2022	Account Based Pension 15	1,883.00

**TRUSTEE ACKNOWLEDGEMENT:** It was resolved that Trustee(s) have agreed to this and has taken action to ensure the following:

- The Trustee(s) will notify the member, in writing, of their lump sum amount.
- The Trustee(s) will comply with the ATO obligations.

**CLOSURE:** Signed by the chairperson pursuant to the Fund Deed.

  
.....  
John David Pratt  
Chairperson

# 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

RBMINT SUPERANNUATION FUND

#### 2 Postal address

P O BOX 388

Suburb/town/locality

COOLANGATTA

State/territory

QLD

Postcode

4225

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

80473598139

#### 4 Authorised contact person

Title:

Family name

First given name

Other given names

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

### Section B: Member's details

#### 6 Your full name

Title:

MR

Family name

PRATT

First given name

Other given names

JOHN DAVID

#### 7 Current postal address

UNIT 1504  
120 MARINE PARADE

Suburb/town/locality

COOLANGATTA

State/territory

QLD

Postcode

4225

#### 8 Date of birth

PROVIDED

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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: \$

I understand that this amount may be subject to tax.

**i** 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)

3 Fund ABN

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

Suburb/town/locality

State/territory

Postcode

5 Member account number

6 Roll over an amount of: \$


### Section G: Member's declaration

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

Name (print in block letters)

JOHN DAVID PRATT

Signature



Date

6.01.2022

**i** 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 2022

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	PROVIDED		
Surname or family name	PRATT		
Given name(s)	JOHN DAVID		
Residential address	UNIT 1504 120 MARINE PARADE		
Suburb/town/locality	State/territory	Postcode	
COOLANGATTA	QLD	4225	
Date of birth (if known)	Day	Month	Year
PROVIDED			

## Section B: Payment details

Date of payment	06 JANUARY 2022
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 1154.45
Untaxed element	\$
Tax-free component	\$ 728.55

Is this payment a death benefit? No  Yes

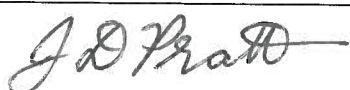
Type of death benefit  Trustee of deceased estate  or Non-dependant

## Section C: Payer details

<b>!</b> You must also complete this section	Australian business number (ABN) or withholding payer number (WPN)	Branch number
Name (use the same name that appears on your activity statement)	80473598139	
RABMINT 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		Date
		7.12.2022

**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

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State/territory

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Postcode

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

80473598139

#### 4 Authorised contact person

Title:

Family name

First given name

Other given names

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

### Section B: Member's details

#### 6 Your full name

Title:

MRS

Family name

PRATT

First given name

Other given names

ANNETTE JOAN

#### 7 Current postal address

UNIT 1504  
120 MARINE PARADE

Suburb/town/locality

COOLANGATTA

State/territory

QLD

Postcode

4225

#### 8 Date of birth

PROVIDED

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Section C: **Superannuation lump sum payment details**

9 Lump sum payment is calculated to this date

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Tax-free component \$

**Total amount** \$

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Preserved amount \$

Restricted non-preserved \$

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**Total amount** \$


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Section D: **Superannuation provider's signature**

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Date



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Name (print in block letters)

Signature



Date

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

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## Section A: Payee details

Tax file number

Surname or family name

Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Date of birth (if known)

## Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

### Taxable component

Taxed element \$

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

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

**!** You must also complete this section


Branch number

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

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



Date

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