

Minutes of a Meeting of the Director(s)

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

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	30,617.00

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

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	30,617.00

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

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 \$

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

J D Pratt

Date

6.1.2022

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 \$ 18771.07

Untaxed element \$

Tax-free component \$ 11845.93

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

80473598139

Branch number

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

RABMINT SUPERANNUATION FUND

Privacy – For information about your privacy visit our website at ato.gov.au/privacy

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

Signature of authorised person

J D Pratt

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 - refer to TaxPack - phone 13 28 61

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:

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

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date 06 JANUARY 2022

10 Superannuation lump sum components

Taxable component	
Taxed element	\$ 21622.98
Untaxed element	\$
Tax-free component	
	\$ 8994.02
Total amount	\$ 30617.00

11 Preservation amounts of the superannuation lump sum

Preserved amount	\$
Restricted non-preserved	\$
Unrestricted non-preserved	\$ 30617.00
Total amount	\$ 30617.00

Section D: Superannuation provider's signature

12 Date the statement is issued to the member 6/01/2022

13 Member is to return statement by 6/01/2022

14 Superannuation fund's, ADF's, RSA's or annuity provider's signature

a Pratt

Date 6/01/2022

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.

! 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.

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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)

Signature



Date

! 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)

ANNETTE JOAN

Residential address

UNIT 1504 120 MARINE PARADE

Suburb/town/locality

COOLANGATTA

State/territory

QLD

Postcode

4225

Date of birth (if known)

PROVIDED

Section B: Payment details

Date of payment

06 JANUARY 2022

TOTAL TAX WITHHELD \$

Taxable component

Taxed element

\$ 21622.98

Untaxed element

\$

Tax-free component

\$ 8994.02

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

80473598139

Branch number

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

RABMINT SUPERANNUATION FUND

Privacy – For information about your privacy visit our website at 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

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