

Downsizer contribution into superannuation form

- 1 You must give this form (signed and dated) to your superannuation fund before or when your superannuation fund receives your contribution.
- Without this form, your contribution will be treated as a personal contribution and will count towards your contributions caps.

When completing this form

- Before you complete this form you should ensure you meet all of the eligibility requirements to make a downsizer contribution.
- Fill out all the sections of the form including signing the declaration.
- Print clearly in BLOCK letters.
- If you are the individual completing the form, you only need to complete sections A-D, section E is not required.

- For more information on the eligibility requirements to make a downsizer contribution, see the following information:
 - ato.gov.au/downsizing
 - Downsizer Law Companion ruling LCR 2018/9
 Housing affordability measures: contributing the
 proceeds of downsizing to superannuation

You can also phone the ATO on 13 10 20.

Section A: Your superannuation fund details
Your superannuation fund name
P+S LOVELL FAMILY SUPER FUND
Your member number [
Section B: Your details
Tax file number (TFN) 475 679 092
The ATO does not collect the information provided on this form. This form is to assist you in providing details to your superannuation fund. Your superannuation fund is authorised to request your personal details, including your tax file number (TFN), under the Superannuation Industry (Supervision) Act 1993. It is not an offence not to provide your TFN, however if you do not provide your TFN and your superannuation fund does not already hold your TFN, they will not be permitted to accept the contribution. For more information about privacy, please contact the superannuation fund you are providing this form to.
Full name Title: Mr X Mrs Miss Ms Other Family name
First given name Other given names
PETER
Postal address
Street address 69 LAKEVIEW DRIVE
Suburb/town/locality State/territory Postcode
BUNDABERC NORTH QLDV 4670
Please ensure the ATO has your correct address.
Date of birth 22 / 1952

Contact details		
Daytime phone number (include area code)		
0407480054		
Email address		
Section C: Your downsizer contribution		
Amount of your contribution \$ 230,000		
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. You are not able to claim a personal superannuation contribution deduction for a downsizer.		
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 deck is true and correct.	are that the information contained in this form	
Providing false or misleading information on this form may result in the ATO	imposing an administrative penalty.	
Name (Print in BLOCK LETTERS)		
PETER LOVELL		
Signature		
P. W. Levell.	Date Day Month Year R9 / 09 / R0R/	
Section E: Agent, intermediary, authorised offic representative's declaration	er or authorised	
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)		
Signature		
	Date	
	Day Month Year	