

Superannuation lump sum pre-payment statement

WHO SHOULD COMPLETE THIS STATEMENT?

You should complete this statement if you:

- are a super fund, approved deposit fund (ADF), retirement savings account (RSA) or annuity provider
- need to inform a member that they have not met a condition for the release of funds, and
- need further instructions from your member about how to deal with these funds.

Before making a lump sum payment, you should provide members with a *Superannuation lump sum pre-payment statement* to obtain instructions on how you should make the payment.

WHAT PART OF THE STATEMENT DO I NEED TO COMPLETE?

You complete 'Part 1' of the statement by providing the amounts of each component of the superannuation lump sum. After this, send the statement to the member.

The member completes 'Part 2' of the statement by specifying whether they wish to:

- receive all or part of the lump sum in cash now, or
- roll over all or part of the lump sum
 - into a complying super fund
 - into a complying ADF
 - into a RSA, or
 - to purchase a super annuity.

The member should then return the completed statement to you.



HOW TO COMPLETE THE STATEMENT – SUPER PROVIDER

You must complete all the sections in 'Part 1' of the statement, if you are:

- a super fund
- a RSA
- a ADF, or
- an annuity provider.

SECTION A: SUPERANNUATION PROVIDER

Complete your details.

SECTION B: MEMBER'S DETAILS

Complete the member's details.

SECTION C: SUPERANNUATION LUMP SUM PAYMENT DETAILS

Complete details about the super lump sum payment, including the:

- date the calculation is valid until
- components of the lump sum, and
- preservation amounts of the lump sum.

The lump sum is made up of taxable and tax-free components. The tax-free component is made up of the contributions segment and the crystallised segment. The taxable component can be made up of:

- an element taxed in the fund, that is, the part of the taxable component that has been subject to tax in the fund, and
- an element untaxed in the fund, that is, the part of the taxable component that has not been subject to tax (for example, public sector funds or schemes established under a state act will generally have an element untaxed).

The preservation amount can include:

- preserved amounts
- restricted non-preserved amounts, and
- unrestricted non-preserved amounts.


Preserved and restricted non-preserved amounts generally cannot be taken as a cash payment. They can be rolled over into a member's super account for their retirement or until they meet a condition of release and there are no cashing restrictions.


The unrestricted non-preserved amount can be taken as a cash payment or rolled over into the member's super account.

SECTION D: SUPERANNUATION PROVIDER'S SIGNATURE

Complete the date the statement is issued to the member, the date your member is to return the completed statement to you and your signature.

Give the statement to the member. When the statement is returned, make the payment as instructed in 'Part 2'.


 You don't need to send a copy of the statement to us; however, you should keep a copy of the statement for your records for a period of five years.

 If you have been instructed to:

- roll over all or part of the super lump sum, you will need to fill in a *Rollover benefits statement* (NAT 70766), or
- pay all or part of the lump sum in cash, you will need to complete a *PAYG payment summary – superannuation lump sum* (NAT 70947).


HOW TO COMPLETE THE STATEMENT – MEMBERS


If you are receiving the super lump sum payment you must complete all the sections in 'Part 2' of the statement.

 You may wish to speak with a tax professional or your super fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and super roll over options.

SECTION E: CASH AMOUNT

Work out how much of the lump sum you want paid as cash and write the amount at 'Pay me a gross cash amount of: \$'. If you don't want any of the payment paid as cash leave this blank.

 The amount you choose to be paid as cash generally cannot be more than the unrestricted non-preserved amount on your statement ('Section C' of the statement). If you choose to receive your lump sum as a cash payment, you cannot change your mind to roll over this cash payment at a later stage.

 For more information about unrestricted non-preserved amounts, preserved amounts and restricted non-preserved amounts, refer to *Glossary – superannuation* (NAT 4346).


SECTION F: ROLLOVER PAYMENT

Work out how much of the lump sum you want to roll over into a complying super fund, complying ADF, RSA or to purchase a super annuity.

Complete the details for the super fund, ADF, RSA or annuity provider, including:

- their full name
- their address
- their Australian business number (ABN)
- your account number, and
- the amount you want rolled over.

If you don't want to roll over any of the payment, leave this step blank and go to 'Section G'.

 If you are rolling over your super lump sum into more than one fund, RSA, ADF or annuity provider you will need to give payment instructions to your super fund, ADF, RSA or annuity provider for each payment.

SECTION G: MEMBER'S DECLARATION

Complete your full name, signature and date.

Return the statement to your super fund, ADF, RSA or annuity provider either:

- within 30 days of receiving it, or
- by the date requested.

OUR COMMITMENT TO YOU

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at ato.gov.au or contact us.

This publication was current at **February 2014**.

➤ MORE INFORMATION

For copies of our publications or for more information:

- visit our website at ato.gov.au
- phone **13 10 20** between 8.00am and 6.00pm, Monday to Friday, or
- write to us at
PO Box 3100
Penrith NSW 2740

If you are deaf or have a hearing or speech impairment, phone us through the National Relay Service (NRS) on the numbers listed below, and ask for the ATO number you need:

- TTY users, phone **13 36 77**. For ATO 1800 free-call numbers, phone **1800 555 677**.
- Speak and Listen users, phone **1300 555 727**. For ATO 1800 free-call numbers, phone **1800 555 727**.
- Internet relay users, connect to the NRS at relayservice.com.au

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.

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PUBLISHED BY

Australian Taxation Office
Canberra
February 2014

JS 31037



PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

! The ATO does not collect this information. This form is to assist you in providing superannuation lump sum details to your member.

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

M E R A L A N A S U P E R A N N U A T I O N F U N D

2 Postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

State/territory

Postcode

W O L F F D E N E Q L D 4 2 0 7

3 Australian business number (ABN) or withholder payer number

4 9 2 8 1 7 2 3 3 0 5

4 Authorised contact person

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

Other given names

G R A H A M

5 Daytime phone number (include area code) 0 4 2 7 4 5 7 0 3 1

Section B: Member's details

6 Your full name

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

Other given names

G R A H A M

7 Current postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

State/territory

Postcode

W O L F F D E N E Q L D 4 2 0 7

8 Date of birth 2 7 / 0 6 / 1 9 5 4

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date

Day	Month	Year
04	07	2019

10 Superannuation lump sum components

Taxable component

Taxed element \$ 64,448.96

Untaxed element \$ 000.00

Tax-free component \$ 5,551.04

Total amount \$ 70,000.00

11 Preservation amounts of the superannuation lump sum

Preserved amount \$ 000.00

Restricted non-preserved \$ 000.00

Unrestricted non-preserved \$ 70,000.00

Total amount \$ 70,000.00

! The total amount of the superannuation lump sum components must equal the total amount of the preservation amounts.

Section D: Superannuation provider's signature

12 Date the statement is issued to the member

Day	Month	Year
04	07	2019

13 Member is to return statement by

Day	Month	Year
04	07	2019

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



Date

Day	Month	Year
04	07	2019

➤ Give this statement with 'Part 1' completed to your member and wait for their payment instructions.

Section G: Member's declaration

➤ The ATO does not collect this information. Your superannuation fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence if you do not quote your TFN. However, not quoting your TFN could delay the processing of your application. For details regarding your privacy rights you should contact your superannuation fund.

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

Name (print in block letters)

GRAHAM TURNER

Signature



Date

Day

Month

Year

04 / 07 / 2019

➤ Give this completed statement to your super fund.

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



Superannuation lump sum pre-payment statement

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

! The ATO does not collect this information. This form is to assist you in providing superannuation lump sum details to your member.

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

M E R A L A N A S U P E R A N N U A T I O N F U N D

2 Postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

3 Australian business number (ABN) or withholder payer number

4 9 2 8 1 7 2 3 3 0 5

4 Authorised contact person

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

5 Daytime phone number (include area code)

0 4 2 7 4 5 7 0 3 1

Section B: Member's details

6 Your full name

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

7 Current postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

8 Date of birth

Day: 2 7 / Month: 0 6 / Year: 1 9 5 4

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date

Day	15	Month	08	Year	2019
-----	----	-------	----	------	------

10 Superannuation lump sum components

Taxable component

Taxed element \$ 46,034.97

Untaxed element \$ 000.00

Tax-free component \$ 3,965.03

Total amount \$ 50,000.00

11 Preservation amounts of the superannuation lump sum

Preserved amount \$ 000.00

Restricted non-preserved \$ 000.00

Unrestricted non-preserved \$ 50,000.00

Total amount \$ 50,000.00

! The total amount of the superannuation lump sum components must equal the total amount of the preservation amounts.

Section D: Superannuation provider's signature

12 Date the statement is issued to the member

Day	15	Month	08	Year	2019
-----	----	-------	----	------	------

13 Member is to return statement by

Day	15	Month	08	Year	2019
-----	----	-------	----	------	------

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

[Handwritten Signature]

Date

Day	15	Month	08	Year	2019
-----	----	-------	----	------	------

➔ Give this statement with 'Part 1' completed to your member and wait for their payment instructions.

Section G: Member's declaration

➤ The ATO does not collect this information. Your superannuation fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence if you do not quote your TFN. However, not quoting your TFN could delay the processing of your application. For details regarding your privacy rights you should contact your superannuation fund.

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

Name (print in block letters)

GRAHAM TURNER

Signature

Graham

Date

Day

Month

Year

15 / 08 / 2019

➤ Give this completed statement to your super fund.

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



Superannuation lump sum pre-payment statement

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

! The ATO does not collect this information. This form is to assist you in providing superannuation lump sum details to your member.

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

M E R A L A N A S U P E R A N N U A T I O N F U N D

2 Postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

3 Australian business number (ABN) or withholder payer number

4 9 2 8 1 7 2 3 3 0 5

4 Authorised contact person

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

5 Daytime phone number (include area code)

0 4 2 7 4 5 7 0 3 1

Section B: Member's details

6 Your full name

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

7 Current postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

8 Date of birth

Day: 27 / Month: 06 / Year: 1954

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date

Day	2	2	/	Month	0	8	/	Year	2	0	1	9
-----	---	---	---	-------	---	---	---	------	---	---	---	---

10 Superannuation lump sum components

Taxable component

Taxed element \$

3	6	,	8	2	7	.	9	7
---	---	---	---	---	---	---	---	---

Untaxed element \$

		,			.		
--	--	---	--	--	---	--	--

Tax-free component

\$

		,	3	,	1	7	2	.	0	3
--	--	---	---	---	---	---	---	---	---	---

Total amount

\$

		,	4	0	,	0	0	.	0	0
--	--	---	---	---	---	---	---	---	---	---

11 Preservation amounts of the superannuation lump sum

Preserved amount \$

		,			.		
--	--	---	--	--	---	--	--

Restricted non-preserved \$

		,			.		
--	--	---	--	--	---	--	--

Unrestricted non-preserved \$

		,	4	0	,	0	0	.	0	0
--	--	---	---	---	---	---	---	---	---	---

Total amount

\$

		,	4	0	,	0	0	.	0	0
--	--	---	---	---	---	---	---	---	---	---

i The total amount of the superannuation lump sum components must equal the total amount of the preservation amounts.

Section D: Superannuation provider's signature

12 Date the statement is issued to the member

Day	2	2	/	Month	0	8	/	Year	2	0	1	9
-----	---	---	---	-------	---	---	---	------	---	---	---	---

13 Member is to return statement by

Day	2	2	/	Month	0	8	/	Year	2	0	1	9
-----	---	---	---	-------	---	---	---	------	---	---	---	---

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

G. Brown

Date

Day	2	2	/	Month	0	8	/	Year	2	0	1	9
-----	---	---	---	-------	---	---	---	------	---	---	---	---

➤ Give this statement with 'Part 1' completed to your member and wait for their payment instructions.

Section G: Member's declaration

➤ The ATO does not collect this information. Your superannuation fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence if you do not quote your TFN. However, not quoting your TFN could delay the processing of your application. For details regarding your privacy rights you should contact your superannuation fund.

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

Name (print in block letters)

GRAHAM TURNER

Signature

G. Turner.

Date

Day

Month

Year

22 / 08 / 2019

➤ Give this completed statement to your super fund.

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



Superannuation lump sum pre-payment statement

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

1 The ATO does not collect this information. This form is to assist you in providing superannuation lump sum details to your member.

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

M E R A L A N A S U P E R A N N U A T I O N F U N D

2 Postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

3 Australian business number (ABN) or withholder payer number

4 9 2 8 1 7 2 3 3 0 5

4 Authorised contact person

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

5 Daytime phone number (include area code)

0 4 2 7 4 5 7 0 3 1

Section B: Member's details

6 Your full name

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

7 Current postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

8 Date of birth

Day: 27 / Month: 06 / Year: 1954

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date Day Month Year
07 / 08 / 2019

10 Superannuation lump sum components

Taxable component

Taxed element \$ 92,070.00

Untaxed element \$ 000,000.00

Tax-free component \$ 007,930.00

Total amount \$ 100,000.00

11 Preservation amounts of the superannuation lump sum

Preserved amount \$ 000,000.00

Restricted non-preserved \$ 000,000.00

Unrestricted non-preserved \$ 100,000.00

Total amount \$ 100,000.00


! The total amount of the superannuation lump sum components must equal the total amount of the preservation amounts.

Section D: Superannuation provider's signature

12 Date the statement is issued to the member Day Month Year
07 / 08 / 2019

13 Member is to return statement by Day Month Year
07 / 08 / 2019

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



Date
Day Month Year
07 / 08 / 2019

> Give this statement with 'Part 1' completed to your member and wait for their payment instructions.

Section G: Member's declaration

➤ The ATO does not collect this information. Your superannuation fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence if you do not quote your TFN. However, not quoting your TFN could delay the processing of your application. For details regarding your privacy rights you should contact your superannuation fund.

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

Name (print in block letters)

GRAHAM TURNER

Signature

G. Turner

Date

Day

Month

Year

07 / 08 / 2019

➤ Give this completed statement to your super fund.

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



Superannuation lump sum pre-payment statement

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

! The ATO does not collect this information. This form is to assist you in providing superannuation lump sum details to your member.

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

M E R A L A N A S U P E R A N N U A T I O N F U N D

2 Postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

3 Australian business number (ABN) or withholder payer number

4 9 2 8 1 7 2 3 3 0 5

4 Authorised contact person

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

5 Daytime phone number (include area code)

0 4 2 7 4 5 7 0 3 1

Section B: Member's details

6 Your full name

Title: Mr Mrs Miss Ms Other

Family name

T U R N E R

First given name

G R A H A M

Other given names

7 Current postal address

6 0 4 S T A N M O R E R O A D

Suburb/town/locality

W O L F F D E N E

State/territory

Q L D

Postcode

4 2 0 7

8 Date of birth

Day: 27 / Month: 06 / Year: 1954

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date ^{Day} 21 / ^{Month} 08 / ^{Year} 2019

10 Superannuation lump sum components

Taxable component

Taxed element \$ 13,810.55

Untaxed element \$ 000.00

Tax-free component \$ 1,189.45

Total amount \$ 15,000.00

11 Preservation amounts of the superannuation lump sum

Preserved amount \$ 000.00

Restricted non-preserved \$ 000.00

Unrestricted non-preserved \$ 15,000.00

Total amount \$ 15,000.00

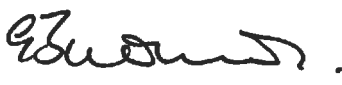
! The total amount of the superannuation lump sum components must equal the total amount of the preservation amounts.

Section D: Superannuation provider's signature

12 Date the statement is issued to the member ^{Day} 21 / ^{Month} 08 / ^{Year} 2019

13 Member is to return statement by ^{Day} 21 / ^{Month} 08 / ^{Year} 2019

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



Date
^{Day} 21 / ^{Month} 08 / ^{Year} 2019

➤ Give this statement with 'Part 1' completed to your member and wait for their payment instructions.

Section G: Member's declaration

➤ The ATO does not collect this information. Your superannuation fund is authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence if you do not quote your TFN. However, not quoting your TFN could delay the processing of your application. For details regarding your privacy rights you should contact your superannuation fund.

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

Name (print in block letters)

G R A H A M T U R N E R

Signature

Graham Turner

Date

Day

Month

Year

21 / 08 / 2019

➤ Give this completed statement to your super fund.

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