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

Section A: Superannuation provider details
1 Superannuation fund, ADF, RSA or annuity provider name
MERALANA SUPERANNUATION FUND
2 Postal address
604 STANMORE ROAD DO
Suburb/town/locality State/territory Postcode
Suburb/town/locality WOLFFDENE Postcode QLD Postcode 4207
3 Australian business number (ABN) or withholder payer number
49 281 723 305
4 Authorised contact person
Title: Mr Mrs Miss Ms Other Other Family name
TURNER
First given name Other given names
GRAHAM
5 Daytime phone number (include area code) 0427457031
Section B: Member's details
6 Your full name
Title: Mr X Mrs Miss Ms Other Family name
TURNER
First given name Other given names ORAHAM
7 Current postal address
604 STANMORE ROAP
Suburb/town/locality State/territory Postcode QQD 4107
MOLFFDENE QUD 4207
8 Date of birth 27 / 06 / 1954

Se	ection C: Superar	nuation lump sum payment details
9	Lump sum payment is calculated to this date	Day Month / QUI Q
10		um components
	Taxable component	· Che coo on
	Taxed element	\$ 04,48-96
	Untaxed element	\$
	Tax-free component	\$ 5,551.04
	Total amount	\$ 70,000-00
11	Preservation amounts o	f the superannuation lump sum
	Preserved amount	\$
	Restricted non-preserved	\$
	Unrestricted non-preserved	\$ 70,000.00
	Total amount	\$ 70,000.00
		superannuation lump sum total amount of the preservation
		nuation provider's signature
12	Date the statement is is:	sued to the member 04/07/2019
13	Member is to return stat	ement by 07/2019
14	Superannuation fund's,	ADF's, RSA's or annuity provider's signature
	07 -	
	Busus	Date Day Month Year
		04/07/2019
_		
me	Give this statement with 'Par mber and wait for their payme	

p	You must complete 'Part 2' of this statement to give payment instructions to your super provider.			
S	ection E: Cash amount			
1	Pay me a gross cash amount of: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	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.			
S	ection 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:			
Sub	ourb/town/locality State/territory Postcode			
5	Member account number			
6	Roll over an amount of: \$,			
pr	If you want to roll-over your payment to more than one aperannuation fund, ADF, RSA or annuity provider, you must ovide separate instructions for each fund, RSA or annuity ovider. You can photocopy this statement to do this.			

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)	
GRANAM TURNER DO	
Signature	
gann.	Date Day Month Year O 4 / 07 / 2019

Sive this completed statement to your super fund.

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



PART 1 - SUPERANNUATION PROVIDER TO COMPLETE

Cooking A O
Section A: Superannuation provider details
1 Superannuation fund, ADF, RSA or annuity provider name
MERALANA SUPERANNUATION FUND
2. Postal address
604 STANMORE ROAD DO
Suburb/town/locality WOLFFDENE State/territory Postcode OLD UD OT OT OT OT OT OT OT OT OT O
3 Australian business number (ABN) or withholder payer number 49 281 723 305
4 Authorised contact person
Title: Mr X Mrs Miss Ms Other
Family name
TURNER DE PROPERTIES DE LA COMPANION DE LA COM
Other given names Other given names
Daytime phone number (include area code) 0427457031
Section B: Member's details
6 Your full name
Title: Mr X Mrs Miss Ms Other
First given name
Other given names Other given names
7 Current postal address
604 STANMORE ROAD
Suburb/town/locality State/territory State/territory Postcode COLOR
MOLFFDENE Postcode Day Month Year State/Territory Postcode 4207
8 Date of birth 27/06/1954

5	Section C: Superannuation lump sum payment details		
9		Day Month Year Year 9	
1	O Superannuation lump s Taxable component	um components	
	Taxed element	\$ 46,034.97	
	Untaxed element	\$ <u></u>	
	Tax-free component	\$ 3.965.03	
	Total amount	\$ 50,000.00	
11	Preservation amounts of	f the superannuation lump sum	
	Preserved amount	\$	
	Restricted non-preserved	\$	
	Unrestricted non-preserved	\$ 50,000.00	
	Total amount	\$ 50,000.00	
-	amounts,	superannuation lump sum total amount of the preservation	
Se	Schon D: Superani	nuation provider's signature	
12	Date the statement is iss	ued to the member Day / DB / DO 19	
	Member is to return state		
14	Superannuation fund's, A	DF's, RSA's or annuity provider's signature	
	93,con		
o men	Give this statement with 'Part 'nber and wait for their payment	' completed to your instructions.	

You must complete 'Part 2' of this statement to give payment instructions to your super provider.
Section E: Cash amount 1 Pay me a gross cash amount of: \$ 50,000.00 I understand that this amount may be subject to tax. 1 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 Member account number Roll over an amount of: \$
If you want to roll-over your payment to more than one superannuation fund, ADF, RSA or annuity provider, you must provide separate instructions for each fund, RSA or annuity provider. You can photocopy this statement to do this.

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.

, , , , , , , , , , , , , , , , , , , ,	S ON this statement.
Name (print in block letters) GRANAMITURNER	
Signature	
Edward.	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.



PART 1 - SUPERANNUATION PROVIDER TO COMPLETE

	otion A. Camana
1	Ction A: Superannuation provider details Superannuation fund, ADF, RSA or annuity provider name
M	RALANA SUPERANNUATION FUND
	Postal address
60	4 STANMORE ROAD DO
Suburt	JULI DE LA COMPANION DE LA COM
MO	LEEDENE State/territory Postcode
3 A	ustralian business number (ABN) or withholder payer number
1	ALT TRU 153 302
	uthorised contact person
Title: Family r	Mr Mrs Miss Ms Other Other
T M First give	
GR	Other given names
5 D:	aytime phone number (include area code) 0427457031
Sect	ion B: Member's details
	ur full name
Title:	Mrs Miss Ms Other Other
TU	RNERICA
First giver	Other given names Other plus names
	rrent postal address
601	HISTANMORE ROAPINGGOGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG
	Wn/locality FFDENE Postcode QUD H107
	e of birth 27 / 06 / 1954

5	Section C: Superannuation lump sum payment details		
9	Lump sum payment is calculated to this date	Day Month Year 9	
10	Superannuation lump s Taxable component	um components	
	Taxed element	\$ 36,827-97	
	Untaxed element	\$	
	Tax-free component	\$ 3.172.03	
	Total amount	\$ 40,000.00	
11	Preservation amounts o	f the superannuation lump sum	
	Preserved amount	\$	
	Restricted non-preserved	\$	
	Unrestricted non-preserved	\$ 40,000.00	
	Total amount	\$ 40,000.00	
	amounts.	superannuation lump sum total amount of the preservation	
Se	ction D: Superanr	nuation provider's signature	
	Date the statement is issu	Day Month	
13	Member is to return state	ment by 22 / 08 / 2019	
14	Superannuation fund's, ADF's, RSA's or annuity provider's signature		
	Gara		
o mem	Give this statement with 'Part 1 ber and wait for their payment	' completed to your instructions.	

p	You must complete 'Part 2' of this statement to give payment instructions to your super provider.
S	ection E: Cash amount
1	Pay me a gross cash amount of: \$ 40,0000000000000000000000000000000000
	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.
_	
_	ection 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:
Subu	In the state of th
	State/territory Postcode
5	Member account number
	Weinber account number
6	Roll over an amount of: \$,
prov	If you want to roll-over your payment to more than one erannuation fund, ADF, RSA or annuity provider, you must vide separate instructions for each fund, RSA or annuity vider. You can photocopy this statement to do this.

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.

be paid as instructed on this statement.	
Name (print in block letters)	
GRAHAM TURNER IN TORONTO	
Signature	
93 worms.	Date Day Month Year Day / OS / LO O

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.



PART 1 - SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details
1 Superannuation fund, ADF, RSA or annuity provider name
MERALANA SUPERANNUATION FUND
2. Postal address
604 STANMORE ROAD DO
Suburb/town/locality
WOLFFDENE State/territory Postcode
3 Australian business number (ABN) or withholder payer number
49 281 723 305
4 Authorised contact person
Title: Mr X Mrs Miss Ms Other Other
TURNER
First given name Other given names
5 Daytime phone number (include area code) 0427457031
Section B: Member's details
6 Your full name Title: Mr X Mrs Miss Ms Other Other
Family name
TURNER DE CULTURA DE CUNDA DE CULTURA DE CULTURA DE CULTURA DE CULTURA DE CULTURA DE CUL
Other given names Other given names
7 Current postal address
604 STANMORE ROAD DOLLARDON
Suburb/town/locality NOLFFDENE State/territory Postcode OLO OLO OLO OLO OLO OLO OLO O
Pay Month Year Que Company Com
B Date of birth 27/06/1954

Section C: Superannuation lump sum payment details						
9	Lump sum payment is calculated to this date	O / O / O / O / O / O / O / O / O / O /				
10	Superannuation lump s Taxable component	um components				
	Taxed element	\$ 92,010.00				
	Untaxed element	\$				
	Tax-free component	\$ 0.930.50				
	Total amount	\$ 100,000.00				
11	Preservation amounts o	f the superannuation lump sum				
	Preserved amount	\$				
	Restricted non-preserved	\$				
	Unrestricted non-preserved	\$100,000-00				
	Total amount	\$1100,000.00				
	The total amount of the components must equal the amounts.	superannuation lump sum total amount of the preservation				
 Sec	ction D. Superant	Mation providerle di una				
Section D: Superannuation provider's signature 12 Date the statement is issued to the member 07 / 08 / 09 / 09						
	13 Member is to return statement by 01 / 08 / 2019					
Superannuation fund's, ADF's, RSA's or annuity provider's signature						
	Bur	Date Day Month Year D7 / 08 / 2 0 1 9				
② C memb	Give this statement with 'Part 1 per and wait for their payment	' completed to your instructions.				

	You must complete 'Part 2' of this statement to give payment instructions to your super provider.	
1	I understand that this amount	
	may be subject to tax. ① 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.	
Sec	Section F: Rollover payment	
2	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)	
4 5	Superannuation fund, ADF, RSA or annuity provider postal address:	
Suburb	uburb/town/locality State/territory	Postcode
5 N	Member account number	
6 R	Roll over an amount of: \$,	
provid	If you want to roll-over your payment to more than one superannuation fund, ADF, RSA or annuity provider, you must provide separate instructions for each fund, RSA or annuity provider. You can photocopy this statement to do this.	

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) RANAM TURNER	
Signature	
Governs. Date Day Mc O T / O	onth Year

Sive this completed statement to your super fund,

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



PART 1 - SUPERANNUATION PROVIDER TO COMPLETE

Coation A. Communication
Section A: Superannuation provider details
MCD ALAMA SURGERAL PROVIDENCE NAME
2. Postal address
604 STANMORE ROAD MANAGEMENT
Suburb/town/locality WOLFFDENE State/territory Postcode OUD TO T
3 Australian business number (ABN) or withholder payer number 49 281 723 305
4 Authorised contact person
Title: Mr X Mrs Miss Ms Other Other
TURNERMANDONOMONOMONOMONOMONOMONOMONOMONOMONOMON
First given name Other given names Other given names
5 Daytime phone number (include area code) 0427457031
Section B: Member's details
6 Your full name
Title: Mr Mrs Miss Ms Other
TURNER
First given name Other given names Other given names
7 Current postal address
604 STANMORE ROAD TO TO THE PROPERTY OF THE PR
Suburb/town/locality NOLFFDENE OUD VIOLE State/territory Postcode OUD VIOLE VIOLE OUD VIOLE VIO
Day Month Year
B Date of birth 27/06/1954

Se	ection C: Superar	nuation lump sum payment details		
9	Lump sum payment is calculated to this date	Day / Month / Q D I Q		
10 Superannuation lump sum components				
	Taxable component Taxed element			
	raxed element	\$ <u> </u>		
	Untaxed element	\$		
	Tax-free component	\$ 1,189-45		
	Total amount	\$ 15,000.00		
11	Preservation amounts o	f the superannuation lump sum		
	Preserved amount	\$, ·		
	Restricted non-preserved	\$		
	Unrestricted non-preserved	\$ 15,000.00		
	Total amount	\$ 15,000.00		
		superannuation lump sum total amount of the preservation		
Se	ection D: Suneran	nuation provider's signature		
	onon D. Caporan	DayMonth Year		
12	Date the statement is is:	sued to the member DI / 08 / 2019		
13	Member is to return stat	ement by Day / Month / Year		
14	Superannuation fund's,	ADF's, RSA's or annuity provider's signature		
	Buom	Date Day Month Year 1		
0	Give this statement with 'Par	t 1' completed to your		
me	mber and wait for their payme			

You must complete 'Part 2' of this statement to give payment instructions to your super provider.
Section E: Cash amount 1 Pay me a gross cash amount of: \$ 15,000.00 I understand that this amount may be subject to tax. 1 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: \$,
If you want to roll-over your payment to more than one superannuation fund, ADF, RSA or annuity provider, you must provide separate instructions for each fund, RSA or annuity provider. You can photocopy this statement to do this.

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.

to be paid as instructed on this statement.	
Name (print in block letters)	
GRANAMITURNER	
Signature	
20	
Goromo	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.