

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

KG & JA MORTENSEN SUPERANNUATION FUND

2 Postal address

C/- BDO BUSINESS CENTRE
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

3 Australian business number (ABN) or withholder payer number

88008519233

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

MORTENSEN

First given name

Other given names

KARL

7 Current postal address

51 MCINTYRE ROAD

Suburb/town/locality

HOWARD SPRINGS

State/territory

NT

Postcode

0835

8 Date of birth

14 JUNE 1942

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.

! 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

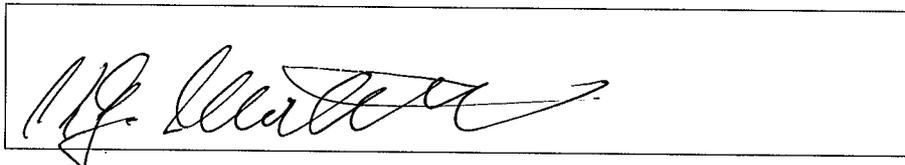
6 Roll over an amount of: \$

Section G: Member's declaration

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

Name (print in block letters)

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

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

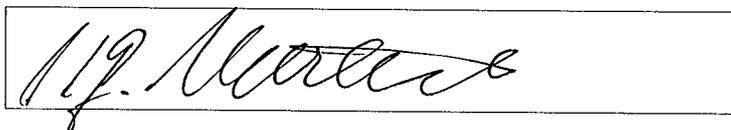
Branch number

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

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

Signature of authorised person



Date

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72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

3 Australian business number (ABN) or withholder payer number

88008519233

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

MORTENSEN

First given name

Other given names

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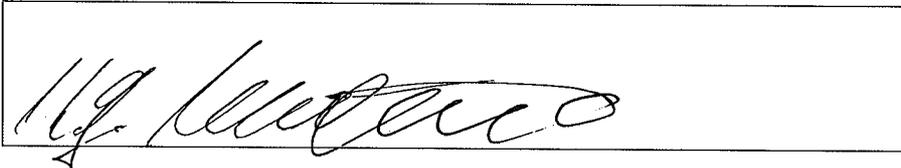
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Date of birth (if known)

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)

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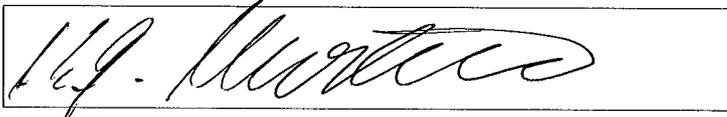
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0800

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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

MORTENSEN

First given name

Other given names

KARL

7 Current postal address

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Suburb/town/locality

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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 \$

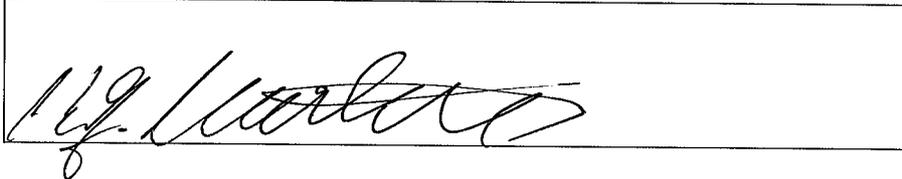
Total amount \$

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: \$ 10644.00

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: \$

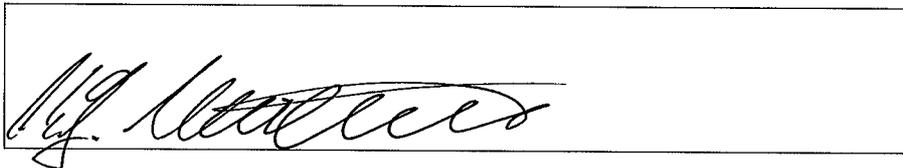
Section G: Member's declaration

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

Name (print in block letters)

KARL MORTENSEN

Signature



Date

15 MARCH 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	615363079		
Surname or family name	MORTENSEN		
Given name(s)	KARL		
Residential address	51 MCINTYRE ROAD		
Suburb/town/locality	State/territory	Postcode	
HOWARD SPRINGS	NT	0835	
Date of birth (if known)	Day	Month	Year
	14	JUNE	1942

Section B: Payment details

Date of payment	15 MARCH 2022
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 3707.53
Untaxed element	\$
Tax-free component	\$ 6936.47

Is this payment a death benefit? No Yes

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

Section C: Payer details

! You must also complete this section

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

88008519233

Branch number

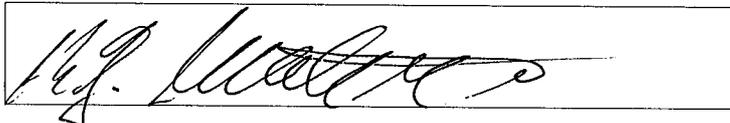
Name (use the same name that appears on your activity statement)

KG & JA MORTENSEN 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

15 MARCH 2022

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PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

KG & JA MORTENSEN SUPERANNUATION FUND

2 Postal address

C/- BDO BUSINESS CENTRE
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

3 Australian business number (ABN) or withholder payer number

88008519233

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

MORTENSEN

First given name

Other given names

KARL

7 Current postal address

51 MCINTYRE ROAD

Suburb/town/locality

HOWARD SPRINGS

State/territory

NT

Postcode

0835

8 Date of birth

14 JUNE 1942

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 \$

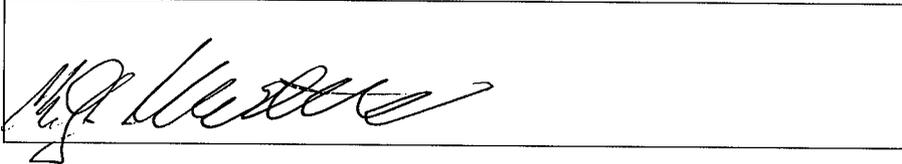
Total amount \$

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: \$ 10700.00

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: \$

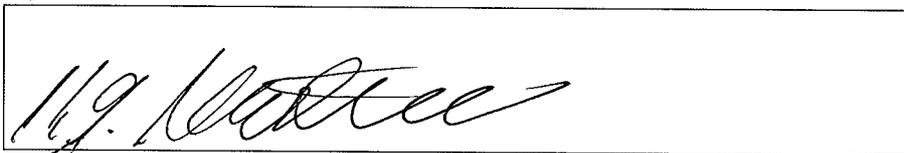
Section G: Member's declaration

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

Name (print in block letters)

KARL MORTENSEN

Signature



Date

15 FEBRUARY 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

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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)

i You must also complete this section

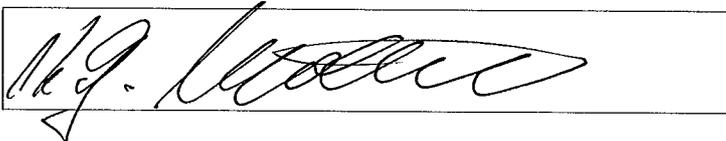
Branch number

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

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

Signature of authorised person



Date

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Section A: Superannuation provider details

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KG & JA MORTENSEN SUPERANNUATION FUND

2 Postal address

C/- BDO BUSINESS CENTRE
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

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NT

Postcode

0800

3 Australian business number (ABN) or withholder payer number

88008519233

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

MORTENSEN

First given name

Other given names

KARL

7 Current postal address

51 MCINTYRE ROAD

Suburb/town/locality

HOWARD SPRINGS

State/territory

NT

Postcode

0835

8 Date of birth

14 JUNE 1942

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

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Date

PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

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Section F: Rollover payment

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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: \$

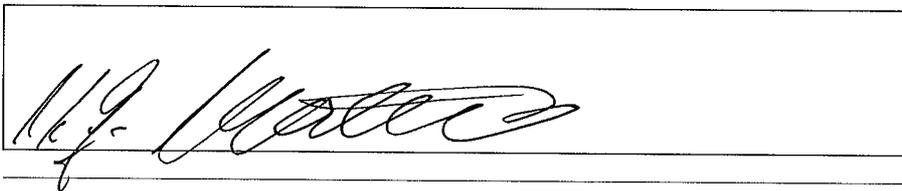
Section G: Member's declaration

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

Name (print in block letters)

KARL MORTENSEN

Signature



Date

14 APRIL 2022

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PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2022

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Suburb/town/locality	State/territory	Postcode	
HOWARD SPRINGS	NT	0835	
Date of birth (if known)	Day	Month	Year
	14	JUNE	1942

Section B: Payment details

Date of payment	14 APRIL 2022
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 3727.03
Untaxed element	\$
Tax-free component	\$ 6972.97

Is this payment a death benefit? No Yes

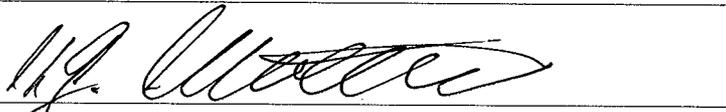
Type of death benefit Trustee of deceased estate or Non-dependant

Section C: Payer details

! You must also complete this section	Australian business number (ABN) or withholding payer number (WPN)	Branch number
	88008519233	
Name (use the same name that appears on your activity statement)	KG & JA MORTENSEN SUPERANNUATION FUND	

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

Signature of authorised person		Date
		14 APRIL 2022

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Untaxed element \$

Tax-free component \$

Total amount \$

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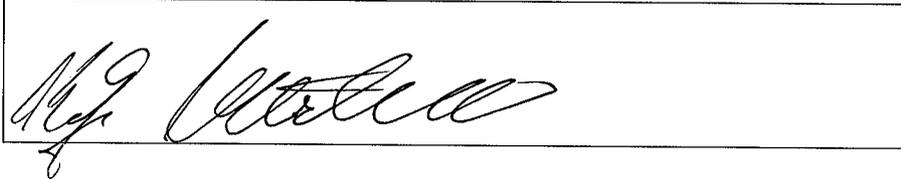
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Section D: Superannuation provider's signature

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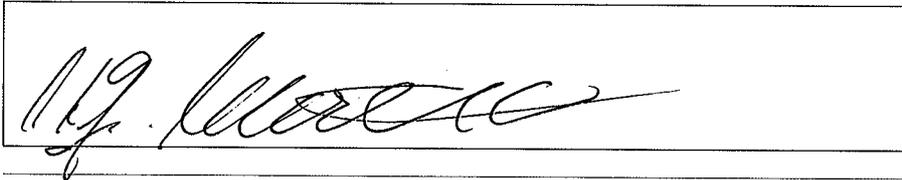
6 Roll over an amount of: \$

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

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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

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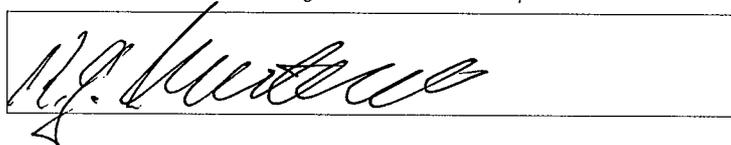
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Signature of authorised person



Date

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

KG & JA MORTENSEN SUPERANNUATION FUND

2 Postal address

C/- BDO BUSINESS CENTRE
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

3 Australian business number (ABN) or withholder payer number

88008519233

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

MORTENSEN

First given name

Other given names

KARL

7 Current postal address

51 MCINTYRE ROAD

Suburb/town/locality

HOWARD SPRINGS

State/territory

NT

Postcode

0835

8 Date of birth

14 JUNE 1942

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.

! 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

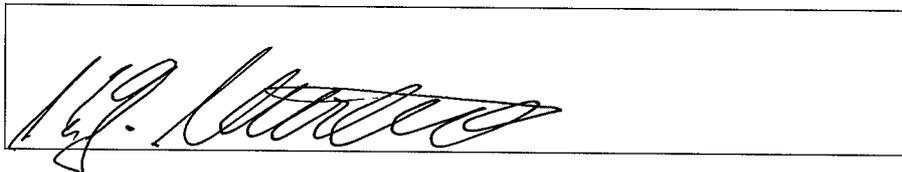
6 Roll over an amount of: \$

Section G: Member's declaration

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

Name (print in block letters)

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

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

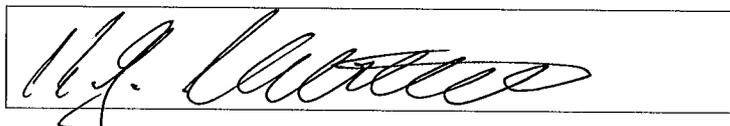
Branch number

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

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

Signature of authorised person



Date

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