



Section B: Cancellation

5 Are you cancelling a previous transfer balance account report?

No Yes Complete this report exactly the same as the original event.
Refer to the instructions for more information on how to cancel a previous report.

Section C: Fund/Supplier/Provider details

! If you are an SMSF trustee completing this report for a member of your SMSF you may leave questions 6 and 7 blank.

6 Intermediary/Supplier name

7 Australian business number (ABN)

Your contact details are required in case we need to speak to you about details supplied on this report.
Provide your contact details in Section G.

8 Fund/Provider name

9 Fund/Provider ABN

10 Fund/Provider TFN

! You don't have to provide the TFN to us. However, if you do, it will help us identify the fund/provider correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

Section D: Reporting event

! Refer to the instructions for more information on how to complete this section.
You can only report **ONE** event per lodgment

11 Are you reporting for:

Commutation authority Go to question 12.

New income stream events or a limited recourse borrowing arrangement repayment Go to question 13.

Other transfer balance cap event Go to question 14.

Total super balance Go to question 15.

Concessional contributions Go to question 16.

12 Commutation authority

An event that occurred in response to a commutation authority issued by the ATO.

- ⓘ A commutation authority is a notice the Commissioner issues to a super income stream provider requiring the provider to commute an amount out of a specified super income stream.

Event type:

Commutation authority – commuted in full

Commutation authority – commuted in part

Commutation authority – deceased

Commutation authority – defined benefit

13 New income stream events or a limited recourse borrowing arrangement (LRBA) repayment

A transfer balance cap event in relation to a new income stream or an LRBA repayment.

- ⓘ If you select either **child death benefit income stream** or **child reversionary income stream** you must complete Section F.

Event type:

Super income stream

Reversionary income stream

Child death benefit income stream

Child reversionary income stream

LRBA repayments

14 Other transfer balance cap event

Any other transfer balance cap event.

- ⓘ If your member has voluntarily requested that you commute an amount, select **Member commutation** event type. Do not use this event type if you are responding to a commutation authority from the ATO.

Event type:

Member commutation

Income stream stops being in retirement phase

Structured settlement – post 1 July 2017

15 Total super balance

Information regarding the total super balance of a member.

- ⓘ Only use one of these event types if you are reporting information for your member's total super balance.

Event type:

Accumulation phase value

Retirement phase value

16 Concessional contributions

Information regarding the notional taxed contributions of a member.

- ⓘ Only use this event type if you are reporting information for your members notional taxed contributions.

Event type:

Notional taxed contributions



Section F: **Third party details**

! You only need to complete Section F if the *Reporting event type* is **Child death benefit income stream** or **Child reversionary income stream**. Otherwise leave Section F blank. You must complete this section with the deceased person's details.

25 Tax file number (TFN)

! You don't have to provide the TFN to us. However, if you do, it will help us identify the third party details correctly and process your report quickly. For more information on privacy, refer to ato.gov.au/privacy

26 Name

Family name

First given name

Other given names

27 Date of birth ^{Day} / ^{Month} / ^{Year}

Section G: Declarations

Complete the declaration that applies to you. Print your full name then sign and date the declaration.

! Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the super provider.

I declare that the information contained in the statement is true and correct.

Name

Business hours phone number (include area code)

Trustee, director or authorised officer signature

Date / /

OR

Authorised representative declaration

Complete this declaration if you are an authorised representative of the super provider or life insurance company.

I declare that:

- I have prepared the statement with the information supplied by the super provider or life insurance company
- I have received a declaration made by the super provider or life insurance company that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the super provider or life insurance company to give the information in the statement to the ATO.

Name

Business hours phone number (include area code)

Authorised representative signature

Date / /

Lodging this report

You can lodge this report via:

- Tax Agent Portal
- Business Portal if you are a business portal user
- Fax or post

Lodging through the Tax Agent Portal or Business Portal means you will receive an instant receipt.

If you are lodging by fax or post, use the postal address or fax number below:

Australian Taxation Office

PO BOX 3006

PENRITH NSW 2740

Fax: 1300 730 298