

# 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

THE ANGLO WELSH SUPERANNUATION FUND

#### 2 Postal address

UNIT 4 4-10 FARRALL ROAD  
MIDVALE WA 6056

#### 3 Australian business number (ABN) or withholder payer number

45927178251

#### 4 Authorised contact person

LINDSAY R CARTER

#### 5 Daytime phone number

08 92502144

### Section B: Member's details

#### 6 Full name

Title MR

Family Name

PAIN

First given name

Other given names

CHRISTOPHER

#### 7 Postal address

UNIT 13  
91 ESPLANADE  
ROCKINGHAM BEACH WA 6168

#### 8 Date of birth

23/07/1963

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**Section C: Superannuation lump sum payment details****9 Lump sum payment is calculated to this date**

20/04/2021

**10 Superannuation lump sum components**

Taxable component

Taxed element \$ 125,215.11

Untaxed element \$

Tax-free component \$ 14,396.38

KiwiSaver tax-free component \$

**Total amount** \$ 139,611.49**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$ 139,611.49

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

**Total amount** \$ 139,611.49

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**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

/ /


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**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.

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**Section F: Rollover payment**

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

AUSTRALIAN SUPER FUND

3 Fund ABN

65714394898

4 Superannuation fund, ADF, RSA or annuity provider postal address:

PO BOX 1901  
MELBOURNE VIC 3001

5 Member account number

1074005279

6 Roll over an amount of:

\$

139,611.49

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**Section G: Member's declaration**

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

CHRISTOPHER  
PAIN

Signature



Date

/ /


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Give this completed statement to your super fund. You should keep a copy for your records for a period of five years.

# Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

 If a member asks you to roll over parts of their entitlement to more than one fund, you must complete separate statements for each rollover payment.

**Warning:** This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

## Section A: Receiving fund

1 Australian business number (ABN)

65714394898

2 Fund name

AUSTRALIAN SUPER FUND

3 Postal address

PO BOX 1901  
MELBOURNE VIC 3001

4 You must provide at least one of the receiving fund's numbers below :

(a) Unique superannuation identifier (USI)

(b) Member client identifier

1074005279

## Section B: Member's details

5 Tax File Number (TFN)

150030125

6 Full name

Title MR

Family Name

PAIN

First given name

Other given names

CHRISTOPHER

7 Residential address

UNIT 13  
91 ESPLANADE  
ROCKINGHAM BEACH WA 6168

8 Date of birth

23/07/1963

9 Sex

M

10 Daytime phone number (include area code)

11 Email address (if applicable)

## Section C: Rollover transaction details

### 12 Service period start date

### 13 Tax components

Tax-free component

\$ 14,396.38

KiwiSaver tax-free component

\$

Taxable component:

Element taxed in the fund

\$ 125,215.11

Element untaxed in the fund

\$

**Tax components TOTAL**

\$ 139,611.49

### 14 Preservation amounts

Preserved amount

\$ 139,611.49

KiwiSaver preserved amount

\$

Restricted non-preserved amount

\$

Unrestricted non-preserved amount

\$

**Preservation amounts TOTAL**

\$ 139,611.49

## Section D: Non-complying funds

### 15 Contributions made to a non-complying fund on or after 10 May 2006

\$

**Section E: Transferring fund**

**16 Fund ABN**

45927178251

**17 Fund name**

THE ANGLO WELSH SUPERANNUATION FUND

**18 Contact name**

LINDSAY R CARTER

**19 Daytime phone number** (include area code)

Telephone No

08 92502144

**20 Email address** (if applicable)

**Signature of authorised person**

Date

/ /

You do not need to send a copy of the statement to the ATO however, you must keep a copy for your records for a period of five years.

# PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2021

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.

## Payee Details

Payee's surname or family name

PAIN

Payee's given name(s)

CHRISTOPHER

Payee's address

UNIT 13

91 ESPLANADE

ROCKINGHAM BEACH WA 6168

Date of birth

23/07/1963

**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](http://www.ato.gov.au) - refer to TaxPack - phone 13 28 61

Date of payment

20/04/2021

Payee's Tax File Number

150030125

Total Tax withheld

\$

Taxable component

Taxed element

125,215

Untaxed element

Tax free component

14,396

KiwiSaver tax-free component

Death benefit

Type of death benefit

## Payer Details

Payer's ABN or Withholder Payer Number

45927178251

Branch Number

Payer's Name

THE ANGLO WELSH SUPERANNUATION FUND

Signature of authorised person

Date

/ /