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

SCHOONENBERG SUPERANNUATION FUND

2   Postal address

29 MACKAY CL
SORRENTO   QLD   4217

3   Australian business number (ABN) or withholder payer number

16034911728

4   Authorised contact person

MARIANNE SCHOONENBERG

5   Daytime phone number

07   55383376

Section B: Member's details

6   Full name

Title

Family Name

SCHOONENBERG

First given name   Other given names

JOSEPHUS

7   Postal address

29 MACKAY CL
SORRENTO   QLD   4217

8   Date of birth   25/02/1947

Section C: Superannuation lump sum payment details

9   Lump sum payment is calculated to this date 14/02/2017

10   Superannuation lump sum components

Taxable component

Taxed element	$	35,993.31
Untaxed element	$	
Tax-free component	$	1,302.38
KiwiSaver tax-free component	$	
Total amount	$	37,295.69

11   Preservation amounts of the superannuation lump sum

Preserved amount	$	
Restricted non-preserved amount	$	
Unrestricted non-preserved amount	$	37,295.69
Total amount	$	37,295.69

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 /   /

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)

JS SUPERANNUATION FUND

3 Fund ABN   94450178283

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

1101/14 GEORGE AVE
BROADBEACH   QLD   4218

5 Member account number [   ]

6 Roll over an amount of: $ 37,295.69

Section G: Member's declaration

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

JOSEPHUS
SCHOONENBERG

Signature [   ]   Date [/   /   ]

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 then 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)   94450178283

2   Fund name

JS SUPERANNUATION FUND

3   Postal address

1101/14 GEORGE AVE
BROADBEACH   QLD   4218

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

(a) Unique superannuation identifier (USI)

(b) Member client identifier

Section B: Member's details

5   Tax File Number (TFN)   326063207

6   Full name

Title

Family Name

SCHOONENBERG

First given name   Other given names

JOSEPHUS

7   Residential address

29 MACKAY CL
SORRENTO   QLD   4217

8   Date of birth   25/02/1947

9   Sex   M

10   Daytime phone number   (include area code)   07   55383376

11   Email address   (if applicable)

Section C: Rollover transaction details

12 Service period start date

16/06/1997

13 Tax components

Tax-free component

$ 1,302.38

KiwiSaver tax-free component

$

Taxable component:

Element taxed in the fund

$ 35,993.31

Element untaxed in the fund

$

Tax components TOTAL

$ 37,295.69

14 Preservation amounts

Preserved amount

$

KiwiSaver preserved amount

$

Restricted non-preserved amount

$

Unrestricted non-preserved amount

$ 37,295.69

Preservation amounts TOTAL

$ 37,295.69

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

16034911728

17 Fund name

SCHOONENBERG SUPERANNUATION FUND

18 Contact name

MARIANNE SCHOONENBERG

19 Daytime phone number   (include area code)

Telephone No   07   55383376

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 2017

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

SCHOONENBERG

Payee's given name(s)

JOSEPHUS

Payee's address

29 MACKAY CL

SORRENTO   QLD   4217

Date of birth | 25/02/1947

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

Date of payment	14/02/2017		
Payee's Tax File Number	326063207	**Total Tax withheld $**	

Taxable component

Taxed element	35,993
Untaxed element	
Tax free component	1,302
KiwiSaver tax-free component	
Death benefit	
Type of death benefit	

Payer Details

Payer's ABN or Withholder Payer Number

16034911728

Branch Number

Payer's Name

SCHOONENBERG SUPERANNUATION FUND

Signature of authorised person

Date

/   /