

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

2 Postal address

Suburb/town/locality

State/territory

Postcode

3 Australian business number (ABN) or withholder payer number

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:

Family name

First given name

Other given names

7 Current postal address

Suburb/town/locality

State/territory

Postcode

8 Date of birth

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.

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