

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 CARTER SUPERANNUATION FUND

2 Postal address

38A COOGEE ROAD
ARDROSS WA 6153

3 Australian business number (ABN) or withholder payer number

94859821102

4 Authorised contact person

LINDSAY RAYMOND CARTER

5 Daytime phone number

08 94141626

Section B: Member's details

6 Full name

Title MR

Family Name

CARTER

First given name

Other given names

LINDSAY RAYMOND

7 Postal address

38A COOGEE ROAD
ARDROSS WA 6153

8 Date of birth

05/06/1963

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

01/07/2020

10 Superannuation lump sum components

Taxable component

Taxed element \$ 160,000.00

Untaxed element \$

Tax-free component \$

KiwiSaver tax-free component \$

Total amount \$ 160,000.00**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$ 160,000.00

Restricted non-preserved amount \$

Unrestricted non-preserved amount \$

Total amount \$ 160,000.00

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)

3 Fund ABN

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

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.

LINDSAY
RAYMOND
CARTER

Signature

Date

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)

2 Fund name

CARTER, LEONIE GAYE

3 Postal address

2 TATE STREET
SOUTH PERTH WA 6151

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)

629126031

6 Full name

Title

MR

Family Name

CARTER

First given name

Other given names

LINDSAY RAYMOND

7 Residential address

38A COOGEE ROAD
ARDROSS WA 6153

8 Date of birth

05/06/1963

9 Sex

M

10 Daytime phone number (include area code)

08 94141626

11 Email address (if applicable)

lindsay@carterwoodgate.com.au

Section C: Rollover transaction details

12 Service period start date

16/05/1997

13 Tax components

Tax-free component

\$

KiwiSaver tax-free component

\$

Taxable component:

Element taxed in the fund

\$	160,000.00
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Element untaxed in the fund

\$

Tax components TOTAL

\$	160,000.00
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14 Preservation amounts

Preserved amount

\$	160,000.00
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KiwiSaver preserved amount

\$

Restricted non-preserved amount

\$

Unrestricted non-preserved amount

\$

Preservation amounts TOTAL

\$	160,000.00
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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

94859821102

17 Fund name

THE CARTER SUPERANNUATION FUND

18 Contact name

LINDSAY RAYMOND CARTER

19 Daytime phone number (include area code)

Telephone No

08 94141626

20 Email address (if applicable)

lindsay@carterwoodgate.com.au

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

CARTER

Payee's given name(s)

LINDSAY RAYMOND

Payee's address

38A COOGEE ROAD

ARDROSS WA 6153

Date of birth

05/06/1963

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 - refer to TaxPack - phone 13 28 61

Date of payment

01/07/2020

Payee's Tax File Number

629126031

Total Tax withheld

\$

Taxable component

Taxed element

160,000

Untaxed element

Tax free component

KiwiSaver tax-free component

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

94859821102

Branch Number

Payer's Name

THE CARTER SUPERANNUATION FUND

Signature of authorised person

Date

/ /