

# 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 'und' members.

## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

#### 1 Superannuation fund, ADF, RSA or annuity provider name

ASKFIVE SUPER FUND

#### 2 Postal address

121A GROUNDWATER ROAD  
SOUTHSIDE

Suburb/town/locality

GYMPIE

State/territory

QLD

Postcode

4570

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

32815411449

#### 4 Authorised contact person

Title: MRS

Family name

BRITNELL

First given name

Other given names

JOAN

#### 5 Daytime phone number (include area code)

0889817066

### Section B: Member's details

#### 6 Your full name

Title: MRS

Family name

BRITNELL

First given name

Other given names

JOAN

#### 7 Current postal address

121A GROUNDWATER ROAD  
SOUTHSIDE

Suburb/town/locality

GYMPIE

State/territory

QLD

Postcode

4570

#### 8 Date of birth

16 OCTOBER 1941

**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	\$ <input type="text" value="1894.21"/>
Untaxed element	\$ <input type="text"/>
Tax-free component	
	\$ <input type="text" value="1955.79"/>
<b>Total amount</b>	\$ <input type="text" value="3850.00"/>

**11 Preservation amounts of the superannuation lump sum**

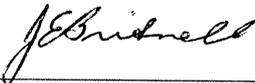
Preserved amount	\$ <input type="text"/>
Restricted non-preserved	\$ <input type="text"/>
Unrestricted non-preserved	\$ <input type="text" value="3850.00"/>
<b>Total amount</b>	\$ <input type="text" value="3850.00"/>

**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

## 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.

**i** 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

**i** You should keep a copy of the statement for your records for a period of five years.

**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.

# 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.

## Section A: Payee details

Tax file number	482257789		
Surname or family name	BRITNELL		
Given name(s)	JOAN		
Residential address	121A GROUNDWATER ROAD SOUTHSIDE		
Suburb/town/locality	State/territory	Postcode	
GYMPIE	QLD	4570	
Date of birth (if known)	Day	Month	Year
	16	OCTOBER	1941

## Section B: Payment details

Date of payment 14 JUNE 2021

TOTAL TAX WITHHELD \$

### Taxable component

Taxed element \$ 1894.21

Untaxed element \$

Tax-free component \$ 1955.79

Is this payment a death benefit? No  Yes

Type of death benefit Trustee of deceased estate  or Non-dependant

## Section C: Payer details

**i** You must also complete this section

Australian business number (ABN) or withholding payer number (WPN)

32815411449

Branch number

Name (use the same name that appears on your activity statement)

ASKFIVE SUPER FUND

Privacy - For information about your privacy visit our website at [ato.gov.au/privacy](http://ato.gov.au/privacy)

DECLARATION - I declare that the information given on this form is complete and correct.

Signature of authorised person



SIGN HERE

Date

14 June 2021

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