

SUPERANNUATION FUNDS

Reasonable benefit limits (RBL)

reporting form

Warning: This form has been designed by BGL to assist clients to prepare the original RBL form provided by the ATO. This form CANNOT be lodged with the ATO and will not be accepted by them. Only the Original ATO form can be lodged.

SECTION A: Fund details

* 1 Fund's tax file number (TFN)

830 791 340

2 Fund's Australian business Number (ABN)

* 3 Fund's current name

BARNETT SUPERANNUATION FUND

4 Fund's previous name if it has changed since last reported

* 5 Fund's street address

8 BATES STREET
SPRINGWOOD QLD 4127

6 Fund's postal address (leave blank if same as street address)

* 7 For the purpose of paying this benefit, you were operating as:

Superannuation Fund

☒

Approved Deposit Fund

☐

Life Assurance Company

☐

Retirement Savings Account Provider

☐

8 Fund's contact person

Title

Name

Business hours phone number

Facsimile number

SECTION B: Recipient's Details

For some benefits paid after the death of a person you must show details of the deceased in this section.

9 Recipient's TFN

479642711

10 What is the number you use to identify the recipient ?

*** 11 Recipient's name**

Title MR
Family name BARNETT
Given names JOHN

12 Recipients previous full name if it has changed since last reported

Title
Family name
Given names

*** 13 Date of Birth**

06/05/1947

14 Sex

Male

☒

Female

☐

Information not available

☐

*** 15 Recipient's postal address (if recipient is deceased enter their last known address)**

8 BATES STREET
SPRINGWOOD QLD 4127

16 Has mail sent to the above address been returned to you ?

Yes ☐

No ☒

SECTION C: Report Type - new benefit or amendment

* 17 Are you reporting a new benefit or amending details of a benefit previously reported

A New Benefit. ☒ Go to 22
Amendment ☐ Go to 18

18 Previously reported benefit payment date

19 Type of benefit previously reported

Lifetime purchased pension or non-purchased pension ☐
Annuity or non-lifetime purchased pension (including) allocated ☐
ETP ☐
Death Benefit ETP ☐
Direct Roll-over of Commutation or Residual Capital Value or reduction due to marriage breakdown ☐

20 Amount of benefit previously reported

21 What is the reference number for the benefit previously reported ?

Go to 22

SECTION D Benefit Details

* 22 Start date of eligible service period

* 23 Benefit payment date

24 Number of pre-July 1983 days

25 Number of post-June 1983 days

26 15 February 1990 rollover balance

27 Amount used or paid from
15 February 1990 rollover balance

28 What is your reference number for the benefit being reported ?

29 Is this benefit being paid due to marriage breakdown ?

Yes ☐ Go to 30

No ☒ Go to 31

30 Is the recipient a non-member spouse ?

Yes ☐ u Date of birth of

No ☒ member spouse

31 Benefit Type

Lifetime purchased pension or non-purchase pension ☒ Go to 35

Annuity or non-lifetime purchased pension (including) allocated pension ☐ u Pension or annuity standards met ?

Yes ☐ Go to 32

ETP ☐ No ☐

Death Benefit ETP ☐ u Go to 32

Direct Roll-over of Commutation or Residual Capital Value or reduction due to marriage breakdown ☐

* 32 Payment component details

Capital gains (CGT) exempt component A

Undeducted contributions B

\$490,681.35

Concessional component C

Pre-July 1983 component D

\$11,318.65

Post-June 1983 taxed element E

Post-June 1983 untaxed element F

Post-June 1994 invalidity component G

* 33 Total benefit amount

H \$

* 34 Does this benefit arise from a previous pension or annuity?

Yes ☐ Go to 48

No ☒ u Is this a death benefit ETP?

Yes ☐ Go to 54

No ☐ Go to Section H

SECTION E: Lifetime purchased pension or non-purchased pension

35 Expected payment in year 1	<input type="text"/>
36 Term of pension	<input type="text"/> (years)
37 Undeducted purchase price	<input type="text"/>
38 Is the pension rebatable ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
39 Rate of indexation	<input type="text"/>
40 Level of reversion	<input type="text"/>
41 Does the pension have a residual capital value (RCV)?	Yes <input type="checkbox"/> u <input type="text"/> No <input checked="" type="checkbox"/>
42 Pension standards met ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
43 Was the recipient a member of the fund at 15th August 1989?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
44 Is the pension a disability superannuation pension?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
* 45 Does this benefit arise from a previous pension ?	Yes <input type="checkbox"/> Go to 46 No <input checked="" type="checkbox"/> Go to Section H

SECTION F: Details of a previous pension or annuity from which this benefit arose

46 The benefit arose from the pension or annuity due to:

Commutation (wholly or partly converted to a lump sum other than because of marriage breakdown) ☐

Marriage breakdown ☐

Residual capital value being paid (lump sum paid at the end of the term of a pension annuity) ☐

47 Your reference number for the previous pension or annuity

48 Commencement date of the previous pension or annuity

49 Previous benefit type

Lifetime purchased pension or non purchased pension ☐

Annuity or non-lifetime purchased pension (including allocated pension) ☐

50 Did the previous benefit meet the pension or annuity standards?

Yes ☐ Go to 51

No ☐ Go to 52

51 Was marriage breakdown the reason for commutation?

Yes ☐

No ☐

52 Was the reason for the commutation to purchase another pension or annuity that meets the standards?

Yes ☐

No ☐

53 Is the original recipient deceased ?

Yes ☐ Go to 54

No ☐ Go to Section G

SECTION G: Beneficiary Details where details of deceased are given in Section B

54 Beneficiary's name
Title

Family Name

Given name

55 Beneficiary's TFN

56 Beneficiary's date of birth

57 Beneficiary's sex Male ☐ Female ☐ Information not available ☐

58 Beneficiary's postal address

SECTION H: Declaration

** I am the payer or a person authorised to sign on behalf of the payer, and the information is accurate and complete.*

Signature

Date of signature