

# 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**

APPLETREE HOLDINGS PTY LTD PERSONAL SUPERANNUATION FUND

**2 Postal address**

UNIT 4 4-10 FARRALL ROAD  
MIDVALE WA 6056

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

66924195261

**4 Authorised contact person**

BRADLEY R WOODGATE

**5 Daytime phone number**

(08) 92502144

### Section B: Member's details

**6 Full name**

Title MRS

Family Name

DI PAOLO

First given name

Other given names

SUSAN

**7 Postal address**

10700 WEST SWAN ROAD  
HENLEY BROOK WA 6055

**8 Date of birth**

13/04/1961

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date 04/05/2021

10 Superannuation lump sum components

Taxable component	
Taxed element	\$ 217,727.26
Untaxed element	\$
Tax-free component	\$ 1,012.50
KiwiSaver tax-free component	\$
Total amount	\$ 218,739.76

11 Preservation amounts of the superannuation lump sum

Preserved amount	\$ 218,739.76
Restricted non-preserved amount	\$
Unrestricted non-preserved amount	\$
Total amount	\$ 218,739.76

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)

MYNORTH SUPERANNUATION

3 Fund ABN

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

GPO BOX 2915  
MELBOURNE VIC 3001

5 Member account number

6 Roll over an amount of: \$ 218,739.76

Section G: Member's declaration

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

SUSAN DI PAOLO

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 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

MYNORTH SUPERANNUATION

3 Postal address

GPO BOX 2915  
MELBOURNE VIC 3001

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

(a) Unique superannuation identifier (USI)

(b) Member client identifier

Y17207515

## Section B: Member's details

5 Tax File Number (TFN)

628748948

6 Full name

Title

MRS

Family Name

DI PAOLO

First given name

Other given names

SUSAN

7 Residential address

10700 WEST SWAN ROAD  
HENLEY BROOK WA 6055

8 Date of birth

13/04/1961

9 Sex

F

10 Daytime phone number (include area code)

11 Email address (if applicable)

Section C: Rollover transaction details

12 Service period start date

13 Tax components

Tax-free component

\$1,012.50

KiwiSaver tax-free component

\$

Taxable component:

Element taxed in the fund

\$217,727.26

Element untaxed in the fund

\$

Tax components TOTAL

\$218,739.76

14 Preservation amounts

Preserved amount

\$218,739.76

KiwiSaver preserved amount

\$

Restricted non-preserved amount

\$

Unrestricted non-preserved amount

\$

Preservation amounts TOTAL

\$218,739.76

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

66924195261

17 Fund name

APPLETREE HOLDINGS PTY LTD PERSONAL SUPERANNUATION FUND

18 Contact name

BRADLEY R WOODGATE

19 Daytime phone number (include area code)

Telephone No (08) 92502144

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 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

DI PAOLO

Payee's given name(s)

SUSAN

Payee's address

10700 WEST SWAN ROAD

HENLEY BROOK WA 6055

Date of birth

13/04/1961

**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

Date of payment

04/05/2021

Payee's Tax File Number

628748948

Total Tax withheld

\$

Taxable component

Taxed element

217,727

Untaxed element

Tax free component

1,012

KiwiSaver tax-free component

Death benefit

Type of death benefit

## Payer Details

Payer's ABN or Withholder Payer Number

66924195261

Branch Number

Payer's Name

APPLETREE HOLDINGS PTY LTD PERSONAL SUPERANNUATION FUND

Signature of authorised person

Date

/ /