

# 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

IS2 SUPERANNUATION FUND

#### 2 Postal address

PO BOX 329  
BROADBEACH QLD 4218

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

92330515057

#### 4 Authorised contact person

IVOR BRUCE SAYWELL

#### 5 Daytime phone number

0755 383424

### Section B: Member's details

#### 6 Full name

Title

MR

Family Name

SAYWELL

First given name

Other given names

IVOR BRUCE

#### 7 Postal address

PO BOX 329  
BROADBEACH QLD 4218

#### 8 Date of birth

09/11/1942

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date 10/12/2014

10 Superannuation lump sum components

Taxable component

Taxed element	\$	182.40
Untaxed element	\$	
Tax-free component	\$	60.60
KiwiSaver tax-free component	\$	
Total amount	\$	243.00

11 Preservation amounts of the superannuation lump sum

Preserved amount	\$	
Restricted non-preserved amount	\$	
Unrestricted non-preserved amount	\$	243.00
Total amount	\$	243.00

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: \$ 243.00

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.*

IVOR BRUCE  
SAYWELL

Signature

Date

/ /

Give this completed statement to your super fund. You should 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 2015

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

SAYWELL

Payee's given name(s)

IVOR BRUCE

Payee's address

PO BOX 329

BROADBEACH QLD 4218

Date of birth

09/11/1942

**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

10/12/2014

Payee's Tax File Number

261515653

Total Tax withheld

\$

### Taxable component

Taxed element

182

Untaxed element

Tax free component

60

KiwiSaver tax-free component

Death benefit

Type of death benefit

### Payer Details

Payer's ABN or Withholder Payer Number

92330515057

Branch Number

Payer's Name

IS2 SUPERANNUATION FUND

Signature of authorised person

Date

/ /