

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

INDIANA SELF MANAGED SUPER FUND

2 Postal address

UNIT 4 4-10 FARRALL ROAD
MIDVALE WA 6056

3 Australian business number (ABN) or withholder payer number

23641238540

4 Authorised contact person

BRADLEY R WOODGATE

5 Daytime phone number

(08) 92502144

Section B: Member's details

6 Full name

Title

Family Name

FLURRY

First given name

Other given names

AMY JEAN

7 Postal address

23B WESTBOROUGH STREET
SCARBOROUGH WA 6019

8 Date of birth

04/04/1988

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date 30/06/2020

10 Superannuation lump sum components

Taxable component

Taxed element	\$ 69,981.87
Untaxed element	\$
Tax-free component	\$ 2,160.29
KiwiSaver tax-free component	\$
Total amount	\$ 72,142.16

11 Preservation amounts of the superannuation lump sum

Preserved amount	\$ 72,142.16
Restricted non-preserved amount	\$
Unrestricted non-preserved amount	\$
Total amount	\$ 72,142.16

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: \$ 72,142.16

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.

AMY JEAN FLURRY

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 2020

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

FLURRY

Payee's given name(s)

AMY JEAN

Payee's address

23B WESTBOROUGH STREET

SCARBOROUGH WA 6019

Date of birth

04/04/1988

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

30/06/2020

Payee's Tax File Number

804127490

Total Tax withheld

\$

Taxable component

Taxed element

69,981

Untaxed element

Tax free component

2,160

KiwiSaver tax-free component

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

23641238540

Branch Number

Payer's Name

INDIANA SELF MANAGED SUPER FUND

Signature of authorised person

Date

/ /