

# 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

THE RP & CC HAWES SUPERANNUATION FUND

#### 2 Postal address

1C SALISBURY AVENUE  
SOUTH PERTH WA 6151

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

48542326085

#### 4 Authorised contact person

ROBERT JOHN WOODGATE

#### 5 Daytime phone number

### Section B: Member's details

#### 6 Full name

Title

Family Name

HAWES

First given name

Other given names

CAROLINE CONSTANCE

#### 7 Postal address

230 OCEAN DRIVE  
QUINNS ROCKS WA 6030

#### 8 Date of birth

18/04/1952

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**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	\$	274.83
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Untaxed element	\$	
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Tax-free component	\$	8,659.18
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<b>Total amount</b>	\$	8,934.01
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**11 Preservation amounts of the superannuation lump sum**

Preserved amount	\$	6,795.60
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Restricted non-preserved amount	\$	
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Unrestricted non-preserved amount	\$	2,138.41
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<b>Total amount</b>	\$	8,934.01
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**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

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**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.

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**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:

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**Section G: Member's declaration**

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

CAROLINE  
CONSTANCE  
HAWES

Signature

Date

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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 2011

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

HAWES

Payee's given name(s)

CAROLINE CONSTANCE

Payee's address

230 OCEAN DRIVE

QUINNS ROCKS WA 6030

Date of birth

18/04/1952

**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

30/06/2011

Payee's Tax File Number

184764191

Total Tax withheld

\$

Taxable component

Taxed element

274

Untaxed element

Tax free component

8,659

Death benefit

Type of death benefit

## Payer Details

Payer's ABN or Withholder Payer Number

48542326085

Branch Number

Payer's Name

THE RP & CC HAWES SUPERANNUATION FUND

Signature of authorised person

Date

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