

# FHSA payment variation advice (PVA)

How to complete your *First home saver account (FHSA) payment variation advice (PVA)*.

## WHEN TO COMPLETE THIS FORM?

You must complete this form to tell us that you cannot:

- accept payments for one or more first home saver accounts listed in a remittance advice we sent you
- pay the full amount due from one or more first home saver accounts listed in a recovery notice we sent you.

⚠ Do not include information on this PVA that you have already told us on an earlier PVA.

You must complete sections D and E (as applicable) for each account holder. You can print these sections individually for each account holder.

## DUE DATE

You must send this form and any rejected payment to us within 28 days of the date we sent you the remittance advice or recovery notice.

## MAKING PAYMENTS WITH THIS FORM

If your PVA relates to a:

- remittance advice – you must return all FHSA payments that you are not accepting; you cannot offset these payments against amounts that appear on a recovery notice
- recovery notice – you are telling us that you cannot pay some or all of an amount we have asked for.

## HOW DO YOU COMPLETE THIS ADVICE?

### Section A: Type of PVA

#### Question 1

#### Type of PVA

Place  in the applicable box to show the type of advice.

### Section B: Supplier details

Complete this section if you are supplying the PVA.

A supplier may be a first home saver account provider or a person or organisation authorised by the account provider to act on their behalf.

### Questions 2 to 7

Provide the information we ask for.

#### Question 8

##### Number of records

Provide the number of records you are reporting.

You can report variations for more than one account holder by completing one form and including multiple copies of section D (and section E where relevant).

#### Question 9

##### Your reference

Provide a reference that you will find useful if we need to contact you about information on the PVA.

#### Question 10

##### Signature

Sign and date this form as the supplier's representative.

### Section C: Provider details


A first home saver account provider can be any of the following:

- financial institution (bank, building society or credit union)
- life insurance company or friendly society
- first home saver account trust.

### Questions 11 to 13

Provide the information we ask for.

### Section D: Holder variation details

 Complete this section for each account you are reporting a variation for.

You may need to complete a PVA if:

- the account was closed because the account holder
  - acquired an interest in a home (including land their home will be built on)
  - transferred the funds to another account provider
  - made a voluntary or compulsory contribution to super
  - is deceased
  - went bankrupt
  - had a family law obligation
  - asked the account provider to close it within the cooling off period or because of an unsolicited offer or defective product disclosure statement
  - was aged 60 or older and received a direct payment
- the account referred to in the remittance advice or recovery notice is not known to the provider
- there were other reasons the account was closed
- the account is inactive
- there are not enough funds in the account for the amount on the recovery notice to be paid in full.

#### Question 14

##### Our contribution reference number

Provide the number shown on the remittance advice or recovery notice so we can identify the account holder.

#### Question 15

##### Amount

Provide the amount shown in the remittance advice or recovery notice for the account holder. This amount must be shown in dollars and cents.

#### Question 16

##### Date account closed

If the account has been closed, provide the closing date.

## Question 17

### Reason code

Place  in the applicable box.

When we say **super fund**, we are referring to all types of complying super funds and accounts, including:

- self-managed super funds
- public sector super schemes
- approved deposit funds (ADFs)
- retirement savings accounts (RSAs).

This reason code tells us why the provider could not do either of the following:

- accept a payment listed on a remittance advice
- pay an amount listed on a recovery notice.

The reason codes are:

- G** The account balance or part of the balance has been paid to super because of a family law obligation.
- A family law obligation means the provider must pay the balance or part of the balance of the account to a complying super fund held by the account holder's former spouse.
- F** The account balance or part of the balance has been paid to their former spouse under a family law obligation.
- This payment may have been made:
- as a cash payment if the former spouse is aged 60 or older
  - to a first home saver account the former spouse held.
- B** An amount was paid because of bankruptcy.
- J** The account holder has made a joint purchase with an account holder who qualified to withdraw their funds.
- An amount was paid to an account holder who had not held their account for at least four financial years but purchased or built a home with another account holder who:
- held their account for at least four financial years
  - qualified to withdraw their money to purchase or build a home.
- Q** The account holder closed their account to acquire an interest in a home (including land their home will be built on).
- P** The account balance has been transferred to another provider.
- V** The account holder voluntarily paid the account balance to a complying super fund.

- S** The account holder or provider had to pay the account balance to a complying super fund – for example, because:
- we directed the provider to close the account and contribute the account balance to super
  - the account holder purchased a home and the account balance is more than what is needed for the property – the remaining balance must be contributed to super.
- D** The account holder died and an amount was paid to their estate.

! Where you use this reason code, you must also complete question 30.

- C** The account holder asked that the account be closed:
- within the 14 day cooling off period, or
  - because they received an unsolicited offer or defective product disclosure statement.
- A** The payment was made directly to an account holder aged 60 or over.
- N** The provider has no record of ever receiving personal contributions for the holder.

! This reason is only valid if the provider has never:

- reported personal contributions for the holder on an FHSA activity report
- accepted an FHSA government contribution payment for the holder.

- U** The account does not have enough funds, so the provider cannot repay all or part of an overpaid government contribution.
- I** The provider received a notice from us directing them to make the account inactive because the account holder did not provide a tax file number (TFN).
- O** Other reasons.

! Where more than one closing/payment event occurs in the same reporting period, provide the reason code that appears first in the above list and report the details for all applicable events.

For example, if the applicable closing/payment events are G and Q, report G as the reason code and use the information relating to both values to complete the rest of the PVA.

## Section E: Closing/payment details

This section identifies the destination of a transfer or payment from an FHSA. You must provide the relevant information for each transfer or payment made from an account.

### Question 18

#### Joint purchaser's name

Provide the full name of the home's joint purchaser. You must provide this only if you selected reason code J at question 17.

### Question 19

#### Address of home acquired

Provide the full street address of the home acquired – not a post office box. You must provide this if you selected reason code Q or J at question 17.

### Question 20

#### Provider's ABN

Provide the ABN of the receiving destination provider. You must provide this if account funds have been transferred to another provider or to a super fund.

### Question 21

#### Provider's name

Provide the full name of the receiving destination provider. You must provide this if account funds have been transferred to another provider or to a super fund.

### Question 22

#### Account number

Provide the account number (if applicable) the amount was transferred to. You must provide this if the funds have been transferred to another provider or to a super fund.

### Question 23

#### Provider's client identifier/reference number

Provide any other reference numbers for the supplier or provider – for example, a super fund client identifier.

### Question 24

#### Provider's super product identification number (SPIN)

Provide the identification number for the product within the super fund that holds the account that the account holder has contributed to. Not all super funds use this number to identify their products. Check with the super fund if you need more information.

### Question 25

#### Provider's address

Provide the full street address of the receiving provider, not a post office box. You must provide this if amounts from an account have been transferred to another provider or to a super fund.

### Question 26

#### Amount paid to account holder

Provide the amount transferred or paid from an account which has not been contributed to super. This includes amounts paid on closure or partial payments – for example, payments arising under bankruptcy or family law obligations.



Do not provide this if the amount has been contributed to super.

### Question 27

#### Date payment was made to the account holder

Provide the date the payment was made to the account holder.

### Question 28

#### Amount of super contribution paid

Provide the amount that has been contributed to a complying super fund. Provide this if either of the following apply:

- the entire balance of the account was transferred to super and the reason code you selected at question 17 is G, V or S
- part of the balance of the account was transferred to super and the reason code you selected at question 17 is G, F, B, J, Q or V – that is, the remainder was used to
  - meet a family law obligation (not related to super)
  - meet an obligation under bankruptcy
  - acquire a home.

### Question 29

#### Super contribution payment date

Provide the date the super contribution was made.

### Question 30


#### Date of account holder's death

Provide the account holder's date of death. You must provide this only if the reason code you selected at question 17 is D.

## Section F: Provider payment details

You must complete this section when lodging a PVA for remittance advices.

Provide information for the amount reported in section D at question 15.

 You must complete this section if you lodged a PVA and we accepted payment but we have asked for another PVA due to a discrepancy.

### Question 31 Provider's TFN

Provide the provider's TFN as shown in section C 'Provider identity information'.


### Question 32 Payment type

Place  in the relevant box.

Select the method you used if you returned the payment to us. The methods of payment are:


- BPAY®
- direct credit
- cheque.

If you are paying by cheque, you must complete the payment slip details on page 5 of the form. You can only send one cheque with this PVA.

 You must provide this if you cannot accept FHSA government contributions listed on a remittance advice. Do not provide this if you cannot pay an amount owing on a recovery notice.

### Question 33 Payment date


Provide the date you made the payment.

 Where 'Payment type' is:

- BPAY or direct credit, provide the date the payment is submitted
- cheque, provide the date written on the cheque.

### Question 34 Payment amount

Show the amount being paid to us. This amount must be shown in dollars and cents.

 This is the sum of all rejected amounts reported at question 15 in section D.

### Question 35 Payment reference number

Provide the 'Return payment EFT code' that is on the remittance advice you are varying.

### Question 36 Payment remitter ID

Provide the name of the person who made the payment. If you paid by BPAY, leave this blank.

## WHERE YOU SEND THE FORM

Keep a copy of this application for your records and send the original to:

**PO BOX 3575**  
**ALBURY NSW 2640**  
**AUSTRALIA** (if you are sending it from overseas)

### MORE INFORMATION

For more information about first home saver accounts:

- visit our website at **[www.firsthomesaver.gov.au](http://www.firsthomesaver.gov.au)**
- phone us on **1300 788 069** between 8.00am and 6.00pm, Monday to Friday, or
- write to us at  
**PO BOX 3575**  
**ALBURY NSW 2640**

If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.

## OUR COMMITMENT TO YOU

We are committed to providing you with advice and information you can rely on.

We make every effort to ensure that our advice and information is correct. If you follow advice in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it. However, we will not charge you a penalty or interest if you acted reasonably and in good faith.

If you make an honest mistake when you try to follow our advice and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest.

If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel this publication does not fully cover your circumstances, please seek help from the Tax Office or a professional adviser.

The information in this publication is current at **May 2009**. We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for a more recent version on our website at [www.ato.gov.au](http://www.ato.gov.au) or contact us.

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### PUBLISHED BY

Australian Taxation Office  
Canberra  
May 2009  
JS 13432