



**Australian  
Taxation  
Office**

**Superannuation  
member  
contributions  
statement  
(MCS)**

*Forms booklet  
for use from  
1 July 2003*

## Need more information?

For further information on this topic:

- visit the Tax Office superannuation website at [www.ato.gov.au/super](http://www.ato.gov.au/super)
- phone the Superannuation Infoline on **13 10 20** for the cost of a local call
- you can write to:  
**Australian Taxation Office**  
**Superannuation Business Line**  
**PO Box 277**  
**WTC VIC 8005**
- obtain a fax by phoning **13 28 60**

If you do not speak English and need help from the Tax Office, phone the Translating and Interpreter Service on **13 14 50**

People with a hearing or speech impairment with access to appropriate TTY or modem equipment can contact the Tax Office by phoning the Australian Communication Exchange Relay Service on **13 36 77**.

People with a speech or communication impairment can contact the Tax Office using speech to speech relay by phoning the National Relay Service on **1300 555 727**.

## Important disclaimer

As part of the 2001 Federal election commitment the Government released its superannuation policy statement which outlined the proposed changes and new initiatives on superannuation.

The Government proposed that from 1 July 2002, the existing rebate for undeducted personal superannuation contributions will be replaced with a Government co-contribution. The Government co-contribution will match the eligible personal superannuation contributions made by qualifying low income earners up to a maximum of \$1000 per annum depending on the individual's level of income and contributions. The Government co-contribution will only apply to personal superannuation contributions that are not eligible for an income tax deduction to the low income earner.

The Government also proposed to reduce the superannuation and termination payments surcharge rates. As it currently stands in the Bill introduced to Parliament, the maximum surcharge rate will be reduced by one-tenth of their current levels for each of the next three income years. Accordingly, it is proposed that the maximum surcharge rates will be reduced to 13.5 per cent for 2002/2003, 12 per cent for 2003/04 and 10.5 per cent for 2004/2005 and later years. The reduced surcharge rates will apply only to surcharge assessments relating to the 2004/05 and later years. The reduced surcharge rates will apply only to surcharge assessments relating to the 2002/03 and future income years.

The relevant Bills were passed by the House of Representatives on 23 October 2002, but have not yet been passed by the Senate. These initiatives will not be law until such time as the Bills have been passed and received Royal Assent. The details of these initiatives are subject to amendment by Parliament.

The specification reflects the requirements of the Bills that were passed by the House of Representatives.

## Our commitment to you

This publication is available free from the Tax Office, which prohibits any party from selling it. Please get help from the Tax Office or a professional adviser if you feel this publication does not fully cover your circumstances. We regularly revise our publications to take account of changes to the law and you should make sure that this edition is the latest.

As part of our commitment to produce accurate publications, taxpayers will not be subject to penalties if they can demonstrate that they based a tax claim on wrong information supplied by the Tax Office. However, interest could be payable depending on the circumstances of each case.



# Superannuation member contributions statement

# (MCS)

27100703



### How to fill in this form

Please refer to the *Superannuation member contributions statement (MCS)* instruction guide for details on completing this form. If **handwriting**, please print neatly in BLOCK LETTERS, one letter within each box. **Please use a black or blue pen.**

S M I T H S T

If **typing or using a laser printer**, you can type over the boxes using UPPERCASE only.

SMITH ST

Please note this MCS cannot be used by self-assessing superannuation providers.

If a question does **not** apply, do not put lines through the boxes or write *n/a* or *not applicable*. Doing this will cause problems with the scanning process, and cause the MCS to be rejected. If a question does not apply, simply leave it blank.

If the MCS contains errors, it may not be accepted as being lodged. If this happens, the Tax Office will ask you to submit an **original** MCS with all the information (not just the items in error).

## Supplier information

1 Supplier's tax file number (TFN)

2 Supplier's Australian business number (ABN)

3 Supplier's organisation name

4 Supplier's street address

5 Supplier's postal address

6 Supplier's contact person

7 Number of completed member information statements attached

8 Your reference

9 Signature

10 Date

DETACH FORM HERE





# Superannuation member contributions statement (Member information)

# (MCS)

27100803



## Member information

1 Provider's tax file number (TFN)

2 Account number

3 Provider's client identifier

4 Date account opened

5 Account status

 Active  Closed

6 Account benefit structure

 accumulated benefits account  funded defined benefits account  unfunded defined benefits account

7 Is the member's account a deferred annuity account?

 Yes  No

8 Member's tax file number (TFN)

9 Full name

10 Show the previous name of the member if it has changed since last reported

11 Sex

 Male  Female  Unknown

12 Date of birth

13 Residential address

Suburb or town

State/territory

Postcode

Country - if outside Australia

14 Has mail sent to the above address been returned unclaimed?

 No  Yes

15 Is the member deceased?

 No  Yes

16 Member's date of death

17 Does the provider accept Government co-contributions on behalf of the member?

 Yes  No

18 Frequency with which the provider reports to the member?

 Annually  Quarterly  Half yearly

DETACH FORM HERE





# Superannuation member contributions statement (Member information)

# (MCS)

27100803



## Member information

**1 Provider's tax file number (TFN)**

**2 Account number**

**3 Provider's client identifier**

**4 Date account opened** Day   / Month   / Year

**5 Account status** Active  Closed

**6 Account benefit structure**  
accumulated benefits account  funded defined benefits account  unfunded defined benefits account

**7 Is the member's account a deferred annuity account?**  
Yes  No

**8 Member's tax file number (TFN)**

**9 Full name**

Title

Last name or family name

First given name

Other given names

**10 Show the previous name of the member if it has changed since last reported**

Last name or family name

First given name

Other given names

**11 Sex** Male  Female  Unknown

**12 Date of birth** Day   / Month   / Year

**13 Residential address**

Suburb or town

State/territory

Postcode

Country - if outside Australia

**14 Has mail sent to the above address been returned unclaimed?** No  Yes

**15 Is the member deceased?** No  Yes

**16 Member's date of death** Day   / Month   / Year

**17 Does the provider accept Government co-contributions on behalf of the member?** Yes  No

**18 Frequency with which the provider reports to the member?** Annually  Quarterly  Half yearly

DETACH FORM HERE









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# (MCS)

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DETACH FORM HERE









# Contributed amounts transfer-out information

1 Provider's tax file number (TFN)

2 Account number

3 Provider's client identifier

4 Your reference

5 Amount transferred to

Roll-over to  
superannuation provider

Payment to  
individual

Death  
benefit

Payment due to  
marriage breakdown

6 Name of destination

  

7 Street address of destination

  

Suburb or town

State/territory

Postcode

Country - if outside Australia

8 Postal address of destination

  

Suburb or town

State/territory

Postcode

Country - if outside Australia

9 Destination provider Australian business number (ABN)

10 Destination provider superfund number (SFN)

11 Destination provider tax file number (TFN)

12 Destination provider product identification number

13 Destination provider member account number

14 Destination provider client identifier

15 Date provider ceased to be the holder of the contributions

16 Transferred total contributed amount

\$

17 Transferred employer contributed amount (accumulation)

\$

18 Transferred employer contributed amount (defined benefits)

\$

19 Transferred post-20 August 1996 component of an employer eligible termination payment (ETP)

\$

20 Transferred allocated surplus amount

\$

21 Transferred personal contributed amount

\$

22 Transferred other contributed amount

\$

23 Electronic checksum

\$



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