Australian Government
Australian Taxation Office

End benefit notice – superannuation provider Division 293 tax

WHEN COMPLETING THIS FORM
■ Print clearly using BLOCK LETTERS.
■ Place **X** in **all** applicable boxes.
■ Fields with an asterisk (*) must be completed.

Section A: **Why are you lodging this form?**

Original ☐   Amendment ☐   Error or Omission ☐   Revoke a deferred determination ☐

Section B: **Super fund details**

1 ***Fund name**

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2 ***Provide either your super fund's tax file number (TFN) or Australian business number (ABN)**

Tax file number (TFN)   Australian business number (ABN)

☐☐☐ ☐☐☐ ☐☐☐ **OR** ☐☐ ☐☐☐ ☐☐☐ ☐☐☐

🛈 If you do not wish to provide your TFN, you **must** provide your ABN.

3 ***Contact details of person completing this form**

Name

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐☐☐☐☐☐☐☐☐☐☐☐☐

Family name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First given name   Other given name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Daytime phone number (including area or country code)   **Fax number** (including area or country code)

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Email address

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Section C: **Member details**

PART 1

4 **Tax file number (TFN)**

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5 ***Full name**

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐☐☐☐☐☐☐☐☐☐☐☐

Family name

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First given name   Other given name

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6   *Current postal address

Suburb/town   State/territory   Postcode

7   *Date of birth

Day   Month   Year

8   *Daytime phone number (including area or country code)

9   *Member account number

10 *Client identifier

PART 2

Only complete Part 2 if you are reporting an error or omission – otherwise go to section D.

4a Tax file number (TFN)

5a Full name

Title: Mr □   Mrs □   Miss □   Ms □   Other

Family name

First given name   Other given name

6a Current postal address

Suburb/town   State/territory   Postcode

7a Date of birth

Day   Month   Year

8a Daytime phone number (including area or country code)

9a Member account number

10a Client identifier

Section D: **Benefit details**

11 *Did your member request the benefit to be paid?

No ☐

Yes ☐ ▶ On what date did they make the request? Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

12 *Has the benefit become payable?

No ☐

Yes ☐ ▶ On what date? Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

13 *On what date did you pay / do you intend to pay?

Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

14 *Are you notifying the ATO that a deferred determination needs to be revoked?

No ☐

Yes ☐ ▶ Go to **question 16**.

15 What is the end benefit cap amount?

$ ☐☐,☐☐☐,☐☐☐·☒☒

Not applicable ☐   ❗ Select **not applicable** if the Commissioner has advised you that your member's Division 293 deferred debt accounts is not in debt.

16 *Is the benefit being paid as a death benefit?

No ☐

Yes ☐ ▶ What is the date of death you have in your records? Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

Section E: **Superannuation fund declaration**

Privacy

The ATO is a government bound by the *Privacy Act 1988* in terms of handling personal information and tax file numbers (TFN). We are authorised by the *Taxation Administration Act 1953* to ask for information requested on this form, including your member's TFN. We require this information to help us administer taxation and superannuation laws. We may give this information to other government agencies.

For further information about privacy, go to **ato.gov.au/privacy**

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER'S DECLARATION

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund.

I declare that the information in the statement is true and correct.

Name (Print in BLOCK LETTERS)

Trustee, director or authorised officer's signature

Date

Day	Month	Year

AUTHORISED AGENT'S DECLARATION

Complete this declaration if you are an agent of the superannuation fund.

I declare that:

- *I have prepared the statement with the information supplied by the superannuation fund.*
- *I have received a declaration from the superannuation fund that the information provided to me for the preparation of this statement is true and correct.*
- *I am authorised by the superannuation fund to give the information in the statement to the ATO.*

Name (Print in BLOCK LETTERS)

Authorised agent's signature

Date

Day	Month	Year

Lodging your statement

Send the completed statement to us by mail to:
Australian Taxation Office
PO Box 3578
ALBURY NSW 2640