



Unclaimed superannuation money statement – additional members

ATTACHMENT of

Supplier ABN

Provider TFN

Office use only		LU
Lodgment date		
Day	Month	Year
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Section D: Member details

! If multiple members need to be reported for a specific reporting period, you must complete all sections of this statement for each member.

23 Member's TFN

24 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

25 Previous name (if applicable)

Family name

First given name

Other given names

26 Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

27 Previous address (if applicable)

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

28 Phone number (including area or country code)

29 Sex Male Female Unknown

30 Date of birth Day / Month / Year

31 Has the date of birth been deemed? No Yes

Section E: Member account details

32 Member status

R – Temporary resident
(received s20C Notice)

V – Trustee voluntary payment

A – Member reached eligible age

L – Inactive Low Balance Account (ILBA)

N – Non member spouse

Q – Small lost member account
(less than threshold and lost)

D – Deceased

P – Insoluble lost member account
(insoluble and lost)

33 Account details

Superannuation product name

Superannuation product identification number (SPIN)

Account number

Reference number

34 System code

35 Provider client identifier

36 Service period

Start date / / End date / /

Number of days

37 Previous provider name (if applicable)

38 Agent details (if applicable)

Name

Phone number (including area or country code)

Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

39 Death benefit

No Yes Date of death / /

40 Required payee

No Go to question 42

Yes Go to question 41

