

Superannuation payment variation advice

Complete this Superannuation payment variation advice (PVA) if you are a provider that cannot accept credit payments provided on a remittance or debit requests provided on a recovery notice. You can use it to report for one or more superannuation members.

HOW TO COMPLETE THIS ADVICE

If you need help to complete this advice, refer to the *Completing the Superannuation payment variation advice* (NAT 8450). You can complete this form electronically or with a pen. If you choose to use a pen:

- Print clearly in BLOCK LETTERS, using a black pen.
- Place X in ALL relevant boxes.

Se	ection A: Type of P\	/ A				
1	You must select ONLY one	of the following ty	pes of PVA			
	Superannuation guarantee (SG) – remittance	Superannuation ho special account of	olding accounts (SHA) employer contribution – remittance	gov	First home saver acc ernment contribution - FHSA government	- remittance
Su	perannuation co-contribution	co-cor	count superannuation htribution – remittance		Low income sup	
Su	perannuation co-contribution	former temporary re	nnuation (including for esidents) – remittance		contribution (LISC) -	overy notice
_ Se	ection B: Supplier c	· · ·	nts) – recovery notice			
2	Tax file number (TFN) Organisation name	We are authorised u Administration Act 1 TFN. You are not rec your TFN, however, cause delays in proc	1953 to collect your quired to provide not doing so may	Australiar	n business numbe	er (ABN)
5	Street address					
	Suburb/town/locality Country if other than Australia				State/territory (Australia only)	Postcode (Australia only)
6	Postal address					
	Suburb/town/locality				State/territory	Postcode
7	Country if other than Australia Contact person Name				(Australia only)	(Australia only)
	Daytime phone number (including area	a code) Fax number (ir	ncluding area code)			
	Email address					
8	Number of member variat records reported	ion g	Your reference			
	Signature				Date Day Month	Year /
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Se	ection C: Super provider details						
10	TFN We are authorised under the <i>Taxation Administration Act 1953</i> to collect your TFN. You are not required to provide your TFN, however, not doing so may cause delays in processing your PVA.						
11	ABN						
12	Date PVA completed Day / Month / Year						
Se	ection D: Member variation details						
•	See page 3 of Completing the Superannuation payment variation advice (NAT 8450) for more information.						
13	3 Our contribution reference number						
14	Reason code P Q NT NC IF (Complete by placing X in ONE box only)						
15	Rejected amount \$,,,						
16	Is the member deceased? No Yes What was the date of death (If known) Day Month Year Y						
Se	ection E: Transfer-out information						
17	Your reference						
18	Destination type R Rollover* *Provide destination super provider information I Individual D Death beneficiary V Non-member						
19	Destination super provider ABN						
20	Destination super provider product identification number						
21	Destination super provider member account number						
22	Destination super provider member client identifier						
23	Your reference						
24	Destination type R Rollover* *Provide destination super provider information I Individual D Death beneficiary V Non-member						
25	Destination super provider ABN						
26	Destination super provider product identification number						
27	Destination super provider member account number						
28	Destination super provider member client identifier						

Section F: Super provider payment information						
See page 5 of Completing the Superannuation payment variation advice (NAT 8450) for more information.						
To be completed ONLY if advice is for remittance payment rejections or if this is a re-lodged PVA and we have already accepted payment.						
29 TFN						
30 Payment type (Complete by placing X in ONE box only) Direct credit BPAY® Cheque* *Complete the						
31 Payment date Day Month Year payment slip below						
32 Payment amount \$,,,						
33 Payment reference number						
34 Payment remitter name						
 PRIVACY The ATO is a government agency bound by the <i>Privacy Act 1988</i> in terms of handling personal information and tax file numbers (TFN). We are authorised by the <i>Taxation Administration Act 1953</i> to ask for the 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 Penalties may apply if you report incorrectly. The law has changed to expand the false or misleading statement penalty 						
provisions to include false and misleading statements that do not result in a shortfall amount. These changes apply to all statements made from 4 June 2010 that relate to tax and superannuation laws administered by the Commissioner of Taxation, including the PVA.						
If paying by cheque , the payment slip below must be completed as follows: ■ provide the name of the superannuation provider ■ provide the superannuation provider TFN ■ write the amount paid as specified in question 32 of super provider payment information section , and ■ either place X in the -SG rejected allocations – 17 box (below), if the PVA payment type is a Superannuation guarantee – remittance -Superannuation co-contribution rejected entitlements – 93 box (below), if the PVA payment type is a Superannuation co-contribution – remittance -SHA special account rejected entitlements – 92 box (below), if the PVA payment type is a SHA special account – remittance -Unclaimed superannuation rejected payment – 15 box (below), if the PVA payment type is an unclaimed superannuation – remittance -FHSA government contribution rejected entitlements – 97 box (below) if the PVA payment type is a FHSA government contribution – remittance, or -Low income superannuation contribution rejected entitlements – 54 box (below), if the PVA payment type is a Low Income Superannuation Contribution – remittance.						
If this is a re-lodged PVA and payment has already been accepted by us, the payment slip below should be left blank.						
If you are rejecting a debit request on a recovery notice, do not complete the payment slip. Mail the completed PVA to the address shown on the back page of this form.						
Sensitive (when completed) Page 3						
Payment for superannuation PVA						
Australian Taxation Office Super provider name						
Super provider TFN Amount paid \$ Important: Select type of payment: (Complete by placing X in ONE box only) SG rejected allocations – 17 Unclaimed superannuation rejected payment – 15						
Superannuation co-contribution rejected entitlements – 93 FHSA government contribution						
rejected entitlements – 92 SHA special account rejected entitlements – 92 Low income superannuati contribution rejected entitlements –						

Section G: Declaration

It is a requirement that this section must be completed for FHSA and USM superannuation provider or suppliers.

I declare that:

■ I am authorised to give this information to the Tax Office.

■ The information I have provided is true and correct and includes all the information r	required.
Name of superannuation provider/supplier	
Name of signatory	
Signature of authorised representative	
	Date
	Day Month Year

How to pay



BPAY®

Make a payment directly from your cheque or savings account to us using your financial institution's phone or internet banking service.

® Registered to BPAY Pty Ltd ABN 69 079 137 518

Details you need

Biller code: 75556

Reference: your EFT code or PRN

To obtain your EFT code or PRN or to request more information about making a payment, phone **1800 815 886** between 8:00am and 6:00pm, Monday to Friday.

If you pay by BPAY you should mail the completed PVA to the mailing address shown below.

DIRECT CREDIT

Transfer your payment to us online from your cheque or savings account (also referred to as EFT payment).

Details you need

Bank: Reserve Bank of Australia

BSB: **093 003** Account number: **316 385**

Account name: ATO direct credit account vour EFT code or PRN

To obtain your EFT code or PRN or to request more information about making a payment, phone **1800 815 886**.

If you pay by direct credit you should mail the completed PVA to the mailing address shown below.

MAIL PAYMENTS

Mail the completed PVA together with your cheque or money order to the mailing address shown below.

Cheques or money orders should be for amounts in Australian dollars and payable to the 'Deputy Commissioner of Taxation'. Cheques should be crossed 'Not negotiable' and must not be post dated.

You should also include your payment slip or a note that states your:

- full name
- address and telephone number
- account identifier: TFN, ABN, client identification number etc
- payment type: for example, Superannuation co-contribution, Low income superannuation contribution or Superannuation guarantee.

Do not use pins, staples, paper clips or adhesive tape.

Do not send cash.

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Allow sufficient time for your payment to reach us on or before its due date.

Payments cannot be made through a post office using this payment form.

Payments cannot be made at any of our shopfronts or branches.

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Send your completed advice to:
Australian Taxation Office
PO Box 3333
PENRITH NSW 2740