



Superannuation fund/ retirement savings account provider claim for payment

OFFICE USE ONLY

This form should be completed by a superannuation fund or retirement savings account provider when claiming any of the following:

- super co-contribution
- individual account balances held in the superannuation holding accounts (SHA) special account
- superannuation guarantee (SG)
- low income superannuation contribution (LISC).

This form may be used to claim the account balances of more than one member or account holder.

INSTRUCTIONS FOR COMPLETING THIS FORM

- Print clearly in BLOCK LETTERS using a black or blue pen.
- Place in all applicable boxes.
- Do not use whiteout or covering stickers.
- Do not use pins or staples to attach any extra details you may provide.

Section A: Superannuation fund or retirement savings account provider details

1 Tax file number of superannuation fund or retirement savings account provider

! You are not required by law to quote a tax file number, but not quoting it may increase the risk of administrative error or delay this payment.

2 Name of superannuation fund or retirement savings account provider

3 Postal address – for the service of notices

Suburb/town

State/territory

Postcode

4 Superannuation fund trustee (or principal trustee)

5 Number of authorities attached

6 Contact person for this claim

Name (print)

Contact phone number

Name of superannuation fund administrator (if applicable)

Section B: Payment claims

If you are claiming from the SHA special account, list the advice ID and the superannuation fund or retirement savings account reference number from each individual authority in the spaces provided below.

If you are claiming super co-contributions, low income superannuation contributions and/or superannuation guarantee, list for each claim the:

- contribution reference number
- member details
- superannuation fund or RSA account number, or allocated client number/member account number.

! Each claim for SHA special account must have the authority attached to the back of this form.

INDIVIDUAL 1

Advice ID/Contribution reference number

Issue date

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

Unique superannuation identifier

INDIVIDUAL 2

Advice ID/Contribution reference number

Issue date

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

Unique superannuation identifier

INDIVIDUAL 3

Advice ID/Contribution reference number

Issue date

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

Unique superannuation identifier

INDIVIDUAL 4

Advice ID/Contribution reference number

Issue date

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

Unique superannuation identifier

INDIVIDUAL 5

Advice ID/Contribution reference number

Issue date

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

Unique superannuation identifier

INDIVIDUAL 6

Advice ID/Contribution reference number

□□□□□□□□□□□□□□□□

Issue date

Day / Month / Year
□□ / □□ / □□□□

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

□□□□□□□□□□□□□□□□

Unique superannuation identifier

□□□□□□□□□□□□□□□□

INDIVIDUAL 7

Advice ID/Contribution reference number

□□□□□□□□□□□□□□□□

Issue date

Day / Month / Year
□□ / □□ / □□□□

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

□□□□□□□□□□□□□□□□

Unique superannuation identifier

□□□□□□□□□□□□□□□□

INDIVIDUAL 8

Advice ID/Contribution reference number

□□□□□□□□□□□□□□□□

Issue date

Day / Month / Year
□□ / □□ / □□□□

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

□□□□□□□□□□□□□□□□

Unique superannuation identifier

□□□□□□□□□□□□□□□□

INDIVIDUAL 9

Advice ID/Contribution reference number

□□□□□□□□□□□□□□□□

Issue date

Day / Month / Year
□□ / □□ / □□□□

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

□□□□□□□□□□□□□□□□

Unique superannuation identifier

□□□□□□□□□□□□□□□□

INDIVIDUAL 10

Advice ID/Contribution reference number

□□□□□□□□□□□□□□□□

Issue date

Day / Month / Year
□□ / □□ / □□□□

Name of member/account holder

Superannuation fund or retirement savings account reference number or member account number/allocated client number

□□□□□□□□□□□□□□□□

Unique superannuation identifier

□□□□□□□□□□□□□□□□

❗ Only 10 payments can be claimed using this form. Any additional claims **must** be submitted on a separate claim form.

Section C: Declaration

Privacy

The ATO is a government agency bound by the *Privacy Act 1988* in terms of handling personal information and tax file numbers (TFN).

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration.

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

Declaration

Place an X in box **A** if you are the trustee of a superannuation fund or a retirement savings account provider claiming SG and/or SHA special account amounts on behalf of a member.

Place an X in box **B** if you are the trustee of a superannuation fund or a retirement savings account provider claiming superannuation co-contribution and/or low income superannuation contribution amounts on behalf of a member.

If you are claiming an SHA special account amount that includes superannuation co-contribution amounts and/or low income superannuation contribution amounts you must place an X in boxes **A and B**.

A I declare that this fund is a regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and is not subject to a direction under either section 63 of that Act or section 33 of the Retirement Savings Account Act 1997.

B I declare that this fund is a complying superannuation fund for the purposes of the Superannuation Industry (Supervision) Act 1993.

Name

Position held

Signature of trustee or authorised person

Date

Day Month Year
 / /

Lodging your form

Send your completed claim form to:

Australian Taxation Office
PO Box 3578
ALBURY NSW 2640



Attach each SHA special account authority on this claim here.