

Completing your *Unclaimed superannuation money statement*



Use this statement to report unclaimed superannuation money (USM), small and insoluble lost member accounts, and former temporary resident unclaimed superannuation money to us. You must also report USM that should have been reported on previous statements.

Only version 01.2014 of the USM statement will be accepted from 1 January 2014.



For information about how to report electronically, visit **ato.gov.au** and search for 'unclaimed superannuation money electronic reporting'. We can provide you with the specifications you need to use your own software.

OUR COMMITMENT TO YOU

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at ato.gov.au or contact us.

This publication was current at **January 2014**.

**© AUSTRALIAN TAXATION OFFICE FOR THE
COMMONWEALTH OF AUSTRALIA, 2014**

You are free to copy, adapt, modify, transmit and distribute this material as you wish (but not in any way that suggests the ATO or the Commonwealth endorses you or any of your services or products).

PUBLISHED BY

Australian Taxation Office
Canberra
January 2014

JS 30486

WHO COMPLETES THIS STATEMENT

You should complete this statement if you are a superannuation (super) provider or an authorised super supplier that is required to report unclaimed superannuation money (USM), small and insoluble lost member accounts, and former temporary resident information to us.

⚠ Do **not** use this statement to report that you hold no USM. If you do not have any USM to report at the end of the unclaimed money day, you must complete *Unclaimed superannuation money non-lodgment advice* (NAT 73231) or report electronically.

For information about how to report electronically, visit ato.gov.au and search for 'unclaimed superannuation money'.

⚠ Do **not** use this USM statement if you are lodging for more than **4** members. A USM statement with more than **4** members **must** be lodged electronically.

BEFORE YOU COMPLETE THIS STATEMENT

Before you complete the USM statement, you should refer to:


- any temporary resident notices you've received from us
- *Unclaimed superannuation money – for superannuation providers* (NAT 71411) – to obtain a copy, visit our website at ato.gov.au

HOW TO COMPLETE THIS STATEMENT

SECTION A: SUPPLIER DETAILS

Complete this section if you are the supplier of the information and authorised to act on behalf of the super provider – for example, if you are:

- a tax agent
- an accountant
- a super administrator
- the provider, including
 - a super fund
 - an approved deposit fund
 - a retirement savings account provider.

 If you are the provider and don't have a separate supplier to provide details on your behalf, you must complete section **A** and **B**, even if the details are the same.

Question 1 Australian business number (ABN)

Provide your ABN.

Question 2 Organisation name

Provide the full name of your organisation.

Question 3 Street address

Provide your street address, not a post office box.

Question 4 Postal address

Provide your postal address.

If this is the same as the street address, write 'as above'.

Question 5 Contact details

Provide the name, phone number and email for the nominated supplier contact person who may be contacted on behalf of the provider if we have any questions about the information in this USM statement.

Question 6 Your reference

Provide a reference that you will find useful in identifying this USM statement if we need to contact you about information supplied in it.

SECTION B: PROVIDER DETAILS

Provide details of the provider of the USM or former temporary resident accounts.

Question 7 Tax file number (TFN)

Provide the provider's TFN.

Question 8 ABN

Provide the provider's ABN.

Question 9 Name

Provide the provider's current full name.

Question 10 Previous name

Provide the previous full name of the provider.

Only provide this if the name of the provider has changed since their last super lodgment was submitted – for example:

- a member contributions statement
- a member exit statement
- an assessment variation advice
- a payment variation advice.

Question 11 Branch number

Provide the branch number if the provider making the report has more than one location.

Question 12 Street address

Provide the provider's street address, not a post office box.


Question 13 Postal address

Provide the provider's postal address.

If this is the same as the street address, write 'as above'.

Question 14 Address for service of notices

Place an 'X' in the applicable box, depending on whether you want notices sent to the provider or supplier.

 If a preference is not indicated, we will send correspondence to the supplier.

Question 15

Contact details

Provide the name, phone number and email for the nominated contact person who may be contacted if we have any questions about the information provided in this USM statement.

Question 16

Type of superannuation provider

Place an 'X' in the applicable box. Only one option can be selected.

Question 17

Your reference

Provide a reference that will help you identify this USM statement if we need to contact you about information supplied in it.

SECTION C: STATEMENT DETAILS

Question 18

Statement creation date

Provide the date that this statement was completed.

Question 19

Unclaimed money day

Provide the unclaimed money day. Report this date in the format DD/MM/CCYY.

You must provide this date if this statement contains any member records that relate to USM and have a member status of **U** (unclaimed), **N** (no longer unclaimed), **G** (no longer lost), **E** (error), **Q** (small lost member account) or **P** (insoluble lost member account).

The unclaimed money day is the last day of an unclaimed money period. You must report USM accounts you hold at the end of the unclaimed money day and submit a USM statement and payment by the end of the scheduled statement day. The unclaimed money days and scheduled statement days are:

Unclaimed money day	Scheduled statement day
30 June	31 October of the same year
31 December	30 April of the following year

The unclaimed money day provided must directly correspond to a scheduled statement day. For example, an unclaimed money day of 30 June 2014 would have a scheduled statement day of 31 October 2014.

Question 20

Scheduled statement day

Provide the scheduled statement day – that is, the date that the USM statement being lodged is due and payable. This date **must** be provided for lodgments of both USM and former temporary resident information. This date may be set by us under legislative instrument. Report this date in the format DD/MM/CCYY.

⚠ For a USM statement that needs to be lodged for a period that is due and payable **on or after** 1 July 2009, the scheduled statement day is the due date for lodgment. For example, a report for the period 1 January 2014 to 30 June 2014 would have a scheduled statement day of 31 October 2014. The scheduled statement day may be a future date.

For a USM statement that needs to be lodged for a period that was due and payable **before** 1 July 2009, the due date of the reporting period should be entered as the scheduled statement day. For example, a report for the period 1 July 2008 to 31 December 2008 would have a scheduled statement day of 30 April 2009.

When reporting a member who was omitted from a previous statement, the scheduled statement day you provide must be either:

- the scheduled statement day
- for a period end date before 1 July 2009, the period end date written on the statement the member was omitted from.

➤ For more information about scheduled statement days, visit ato.gov.au and search for 'unclaimed superannuation for providers'.

Question 21

Amount remitted

Provide the total value of the cheque, money order or electronic funds transfer.

⚠ You must complete the payment slip provided at the end of the statement if you are paying by cheque or money order.

Question 22

Number of members reported

Provide the total number of members reported on this USM statement.

! A maximum of **four** members may be reported using this statement. If you need to lodge a statement with more than **four** members, you **must** lodge electronically.

Question 23

Final report

Place an 'X' in the applicable box to indicate whether this is the final statement to be lodged from this provider.

If you answer 'No', go to section D.

If you answer 'Yes', go to question 24.

Question 24

Final report reason

Place an 'X' in the applicable box to indicate the reason why this is the final statement to be lodged from this provider.

SECTION D: MEMBER DETAILS

! It is important the information provided is accurate. If multiple members need to be reported for a specific reporting period, you must complete sections D, E, F and G for each member using *Unclaimed superannuation money statement – additional members* (NAT 71864A). To obtain a copy, visit our website at ato.gov.au

Question 25

Member's TFN

Provide the member's TFN.

! If reporting former temporary resident USM in response to a notification you received from us, the member's TFN you provide must match the TFN in the notification.

Question 26

Temporary resident notification number

Provide the temporary resident notification number sent to the super provider that this lodgment is responding to.

! This question must only be completed if the member is being reported in response to a temporary resident notification. If you answer this question, then the only valid responses to question 36 are R, D, T, F, I, C, A, B and E.

Question 27

Name

Provide the member's full name.

Question 28

Previous name

Provide details of the member's previous name if their name has changed.

Question 29

Address

Provide the member's last known residential address.

Question 30

Previous address

Provide the member's previous residential address, if available.

Question 31

Phone number

Provide the member's last known phone number.

Question 32

Sex

Place an 'X' in the applicable box.

Question 33

Date of birth

Provide the member's date of birth.

If only a year of birth is known (for example, 1976), report the date of birth in the format 00/00/1976.

Question 34

Has the date of birth been deemed?

Place an 'X' in the applicable box.

SECTION E: MEMBER ACCOUNT DETAILS

Question 35

Amendment indicator

Place an 'X' in the applicable box to indicate if original or amended member information is being reported.

The choices are:

- **O** – original – indicates that the member record contains original data that is being reported for the first time.
- **A** – amendment – indicates that the member record contains amended data that is correcting what has previously been reported.

If you choose **O**, then the only valid responses for question 36 are:

- **U** and **N** for reporting unclaimed superannuation money
- **Q**, **P** or **G** for reporting small and insoluble lost member accounts
- **R**, **D**, **T**, **F**, **I**, **C**, **A** and **B** for reporting former temporary resident money.

Question 36

Member status

Place an 'X' in the applicable box to indicate the current member status.


Valid values for USM are:

- **U** – unclaimed – indicates a member record that has been identified as being unclaimed at the unclaimed money day. For statements that were due and payable before 1 July 2009, this status indicates a member record that was unclaimed at the end of the reporting period.
- **N** – no longer unclaimed – indicates that, between the unclaimed money day and the day the report is lodged, the member has been found or the fund has stopped holding the account.
- **E** – error – indicates a member who was incorrectly reported on a previous statement.

Valid values for former temporary residents are:

- **R** – Report and payment for a former temporary resident – indicates the lodgment and payment is for a former temporary resident identified on an s20C notice received by fund.
- **D** – DASP claim – indicates that the provider has already paid out to the individual through DASP.
- **T** – Transferred – indicates that the provider has transferred the balance of the account to another provider. If this status is used, at least one member transfer-out data record must be completed.
- **I** – Identity of member unknown – indicates that the provider is unable to identify the former temporary resident member in the temporary resident notification.

- **C** – Claim by member – indicates the balance has been paid by the provider directly to the member as they have met a condition of release, or that the provider has received a claim for the member which is currently in progress.
- **A** – Already paid as unclaimed money to us.
- **B** – Benefit, active income stream – retirement income being drawn from the super fund.
- **E** – Error – indicates a member that was incorrectly reported on a previous statement.
- **F** – No balance due and payable for member at the scheduled statement day and no other member status apply.

 If the Member status is **T**, you must complete section **F**.

Valid values for small and insoluble lost member accounts are:

- **Q** – small lost member account – indicates a member account that has been identified as being lost, and the balance of the account is less than \$2,000 at the end of the unclaimed money day.
- **P** – insoluble lost member account – indicates a member account that has been identified as being lost, and the provider
 - has not received an amount for the member within the last 12 months
 - is confident, having regard to the information reasonably available to them, that it will not be possible for them to pay an amount to the member at the end of the unclaimed money day.
- **G** – no longer lost – indicates that, between the unclaimed money day and the day the report is lodged, the member has been found or the fund has stopped holding the account.
- **E** – error – indicates a member who was incorrectly reported on a previous statement.

Question 37

Account details

Provide details of the member's account, including:

- the super product name and identification number (if available, as this will help in identifying the product within the fund that the member account belongs to)
- the account number
- a reference number you may have for the member other than their account number – for example, their employee, payroll, union or Australian Government Service (AGS) number.

Question 38
System code


Provide the code for the system or product within your administrative structure that holds the member account.

This item may be used by those providers maintaining accounts on more than one physical system or offering more than one choice of product to their members to identify the location, system or product where the provider member account is held.

Question 39
Provider client identifier

Provide the member identifier used to link member accounts within the organisation. For example, a provider client identifier could be a customer number that is used to link different member accounts held by one person.

If the member's account number is the unique number you identify them with, you can leave this blank.

 If you are lodging an amended statement, you must use the same identifier number as the one used on the last USM statement lodged for the member.

Question 40
Service period

Provide details of the service period, including the:

- first day of the service period
- last day of the service period – this will generally be as stated in the scheduled statement day field, unless the fund has identified that an earlier date should apply
- number of days in the service period – if more than one period is related to the lump sum, the days may not be continuous.

The first day of the service period is usually:

- the first day of the first period of employment that the lump sum relates to if the member was employed when some or all of the lump sum accrued
- the earlier of the following if the member was not employed when some or all of the lump sum accrued
 - the date when the member joined the fund
 - if the lump sum is attributable to an earlier lump sum previously rolled over, the first day of the service period of the earlier lump sum.

Question 41
Last contribution date

Provide the last date the provider received a contribution, transfer or payment for the member. For example, this may be a contribution, rollover amount or super guarantee payment.

Question 42
Date of last contact

Provide the last date of contact with the member.

The date of last contact can be contact in person, a phone conversation, an email, a letter, a fax or similar correspondence. The date of last contact should be between the provider and the member themselves – although contact between the provider and an authorised representative of the member, such as a solicitor or a holder of a power of attorney, is considered contact with the member.

Question 43
Previous provider name

If the member's account, benefit or interest was transferred from another provider, provide the name of the original provider.

Question 44
Agent details

Provide contact details for the member's appointed authorised agent.

Question 45
Non-member spouse account

Place an 'X' in the applicable box to indicate whether this is a benefit resulting from a splittable payment – for example, as a result of a court order or a super agreement.

If you answer 'Yes', only information relating to the non-member must be provided in the member details reported. If you answer 'No', member details must relate only to the original member.

The payment split must be finalised by the provider before reporting and paying to us USM for either the member spouse or the non-member spouse.

Question 46
Court order

Place an 'X' in the applicable box to indicate whether the member account has been subject to a court order or agreement.

If you answer 'Yes', provide a court order number if you have one.

Question 47
Death benefit

Place an 'X' in the applicable box to indicate whether the member account is a death benefit. If you answer 'Yes', provide the date the member died.

If only a year of death is known (for example, 2013) provide this in the format 00/00/2013.

Question 48

Required payee

Place an 'X' in the applicable box to indicate whether there are reasons that the trustee would be required to pay the member's USM to a specific person.

If you answer 'No', go to question 51.

If you answer 'Yes', go to question 49.

Question 49

Required payee type

Place an 'X' in the applicable box to indicate the reason why the trustee would be required to pay the member's USM to a specific person.

Valid choices are:

- **BN** – binding nomination – indicates that a person has been included in a valid binding nomination.
- **TD** – trust deed – indicates that a person has been determined as someone that the trustee would be required to pay in accordance with information contained in a trust deed.
- **OT** – other – indicates that other reasons apply as to why the trustee would be required to pay to a specific person.

⚠ You must select the required payee type **OT** if there is a reversionary beneficiary or a requirement to pay a specific individual under the law.

Question 50

Payment requirement / binding nomination expiry

Place an 'X' in the applicable box to indicate whether there is a specific date when the requirement to pay a specific person or binding death nomination expires.

⚠ If you answer 'Yes' to this question, you must provide the expiry date.

Question 51

Member benefit – taxable component – taxed element

Provide the taxable component, which is the total amount of the super benefit less the tax-free component. The taxable component may consist of a taxed element, an untaxed element or both. The taxed element is the amount of the taxable component that has been subject to tax in the fund.

This value must be more than or equal to zero, and must include cents – for example, \$12,345.67.

Question 52

Member benefit – taxable component – untaxed element

Provide the taxable component, which is the total amount of the super benefit less the tax-free component. The taxable component may consist of a taxed element, an untaxed element or both. The untaxed element is the amount of the taxable component that has not been subject to tax in the fund.

This amount must be more than or equal to zero, and must include cents.

Question 53

Member benefit – tax-free component

Provide the total value of the following:

- contributions segment
- crystallised segment.

This value must be more than or equal to zero, and must include cents. Amounts must be crystallised before being reported to us.

Question 54

Total member entitlement

Provide the total member entitlement.

This is the total of the amounts reported in questions **51**, **52** and **53**.

If the member status is **U**, **N**, **Q**, **P**, **G** or **R**, this value must be more than zero, and must include cents. If the member status is **D**, **T**, **F**, **I**, **C**, **A**, **B** or **E**, then the response for this question must be zero.

SECTION F: MEMBER TRANSFER-OUT DATA RECORD (if applicable)

⚠ If you selected **T** at question **36**, you must complete at least one member transfer-out data record.

Question 55

Destination provider ABN

Provide the ABN of the destination provider where the member's entitlement was transferred to.

Question 56

Destination account details

Provide details of the member's transferred account, including:

- the super product identification number (if available, as this will help in identifying the product within the fund that the member account belongs to)
- the destination account number
- the destination system code (if available) – this is the code used by the destination provider to identify the type of super system or product where the member has their account
- the destination provider client identifier (if available) – this is the identifier that the destination provider uses to link all transferred accounts for a member.

Question 57

Transfer date

Provide the date the funds were transferred out.

Question 58

Transferred member benefit – taxable component – taxed element

The taxable component is the total amount of the super benefit less the tax free component which has been transferred out. The taxable component may consist of a taxed element, an untaxed element or both. The taxed element is the amount of the taxable component that has been subject to tax in the fund.

Question 59

Transferred member benefit – taxable component – untaxed element

The taxable component is the total amount of the super benefit less the tax free component which has been transferred out. The taxable component may consist of a taxed element, an untaxed element or both. The untaxed element is the amount of the taxable component that has **not** been subject to tax in the fund.

Question 60

Transferred member benefit – tax free component

The total value of the contributions segment and the crystallised segment which has been transferred out.

Question 61

Transferred total member entitlement

The total of the values reported in the following fields:

- Transferred member benefit – taxable component – taxed element
- Transferred member benefit – taxable component – untaxed element
- Transferred member benefit – tax free component.

If 'Transferred member benefit – taxable component – taxed element', 'Transferred member benefit – taxable component – untaxed element' or 'Transferred member benefit – tax free component' are greater than zero then this field must be greater than zero.

SECTION G: EMPLOYER DETAILS

EMPLOYER 1

Question 62

Trading name

Provide the full trading name of the member's last known employer.

Question 63

Business name

Provide the full registered business name of the member's last known employer.

Question 64

Address

Provide the full business address of the member's last known employer.

Question 65

Contact details

Provide a contact name and phone number of the member's last known employer.

Question 66

Employment start date

Provide the date the member started working for their last known employer.

Question 67

Employment end date

Provide the date the member stopped working for their last known employer.

Question 68

Date of last contribution

Provide the date the last known employer made their final contribution for the member.

EMPLOYER 2

Question 69

Trading name

Provide the full trading name of the member's previous employer.

Question 70

Address

Provide the suburb and state for the business address of the member's previous employer.

Question 71

Contact phone number

Provide a contact phone number of the member's previous employer.

Question 72

Employment start date

Provide the date the member started working for their previous employer.

Question 73

Employment end date

Provide the date the member stopped working for their previous employer.

Question 74

Date of last contribution


Provide the date the previous employer made their final contribution for the member.

SECTION H: DECLARATION


Read the declaration. If it is correct, print your full name and position, then sign and date the declaration.

Both declarations must be completed if you are a supplier of USM information lodging the USM statement on behalf of the provider.

If you are the provider lodging the USM statement, only complete the provider declaration.

 Before you sign the USM statement, check you have provided complete and accurate information. This statement will be returned to you if it is not signed.

LODGING YOUR USM STATEMENT

 USM payments can be made by cheque, money order or electronic funds transfer.

If you are paying the USM payment with a cheque or money order, make sure you attach it with the payment slip.

Cheques must 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.

EFT payments can be made using the BPAY® or direct credit payment methods. For more information about how to make payment using EFT, visit ato.gov.au and search for 'Unclaimed superannuation money for superannuation providers'.

Send your completed USM statement (with attached USM payment and payment slip, if you are paying with a cheque or money order) to:

Australian Taxation Office
Locked Bag 1936
ALBURY NSW 1936

Deferral to lodge or pay

To request a deferral of time to lodge a USM statement, lodge a non-lodgment advice or make a payment:

- email us at SuperCRT@ato.gov.au
- phone us on **13 10 20**
- write to us at

Australian Taxation Office
PO Box 3578
ALBURY NSW 2640

In your request you, should include the:

- super provider's name
- super provider's Australian business number (ABN)
- reason the deferral is required
- date to which the deferral is required
- number of members that will be impacted
- sections of the *Superannuation (Unclaimed Money and Lost Members) Act 1999* that relate to the deferral being requested.

MORE INFORMATION

For more information about the USM statement:

- visit our website at **ato.gov.au**
- phone us on **13 10 20** between 8.00am and 6.00pm, Monday to Friday
- write to us at
Australian Taxation Office
PO Box 3578
ALBURY NSW 2640

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf or have a hearing or speech impairment, phone us through the National Relay Service (NRS) on the numbers listed below, and ask for the ATO number you need:

- TTY users, phone **13 36 77**. For ATO 1800 free-call numbers, phone **1800 555 677**.
- Speak and Listen users, phone **1300 555 727**. For ATO 1800 free-call numbers, phone **1800 555 727**.
- Internet relay users, connect to the NRS at **relayservice.com.au**



Unclaimed superannuation money statement

WHEN COMPLETING THIS STATEMENT

- Print clearly in BLOCK LETTERS.
- Place in all applicable boxes.
- Do not use pins or staples to attach further information.

Office use only		LU
Lodgment date		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ The information in this statement can be reported to us electronically. We can provide you with the specifications you need to use your own software.

For more information, phone us on **13 10 20**.

Section A: Supplier details

❗ If you are the provider and you are supplying the unclaimed superannuation money (USM) statement details, you must complete section **A** and **B**, even if the details are the same.

1 Australian business number (ABN)

2 Organisation name

3 Street address

Suburb/town/locality State/territory Postcode

Country if other than Australia

4 Postal address

Suburb/town/locality State/territory Postcode

Country if other than Australia

5 Contact details

Name

Daytime phone number for the nominated supplier contact person (including area or country code)

Fax number (including area or country code)

Email address

6 Your reference

Section B: Provider details

7 Tax file number (TFN)

8 ABN

9 Name

10 Previous name (if applicable)

11 Branch number

12 Street address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

13 Postal address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

14 Address for service of notices Send to the provider Send to the supplier

15 Contact details

Name

Daytime phone number (including area or country code)

Fax number (including area or country code)

Email address

16 Type of superannuation provider

Select one option only.

Retirement savings account

Public offer or retail
superannuation fund

Public sector fund

Industry or award
superannuation fund

Small Australian Prudential
Regulation Authority (APRA) fund

Eligible rollover fund

Employer sponsored or
corporate superannuation fund

Exempt public
sector scheme

Other Provide details below

17 Your reference

Section C: Statement details

18 **Statement creation date** / /

19 **Unclaimed money day** / /

20 **Scheduled statement day** / /

21 **Amount remitted** \$, , .

22 **Number of members reported**

23 **Final report** No Yes

24 **Final report reason** W – wind-up M – merger O – other

Section D: Member details

! If multiple members need to be reported for a specific reporting period, you must complete sections **D**, **E**, **F** and **G** for each member using *Unclaimed superannuation money statement – additional members* (NAT 71864A). To obtain a copy, visit our website at ato.gov.au

25 Member's TFN

! If reporting temporary resident unclaimed superannuation in response to a notification you received from us, the member's TFN you provide must match the TFN in the notification.

26 Temporary resident notification number

27 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

28 Previous name (if applicable)

Family name

First given name

Other given names

29 Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

30 Previous address (if applicable)

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

31 Phone number (including area or country code)

32 Sex Male Female Unknown

33 Date of birth Day / Month / Year

34 Has the date of birth been deemed? No Yes

Section F: Member transfer-out data record

ⓘ If you selected T at question 36, you must complete at least one member transfer-out data record.

55 Destination provider ABN

56 Destination account details

Superannuation product identification number (SPIN)

Destination account number

Destination provider client identifier

Destination system code

57 Transfer date ^{Day} / ^{Month} / ^{Year}

58 Transferred member benefit – taxable component – taxed element

\$, , .

59 Transferred member benefit – taxable component – untaxed element

\$, , .

60 Transferred member benefit – tax-free component

\$, , .

61 Transferred total member entitlement

\$, , .

Section G: Employer details

EMPLOYER 1

62 Trading name

63 Business name

64 Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

65 Contact details

Name

Phone number (including area or country code)

66 Employment start date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

67 Employment end date

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---

68 Date of last contribution

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---

EMPLOYER 2

69 Trading name

70 Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

71 Contact phone number (including area or country code)

72 Employment start date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

73 Employment end date

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---

74 Date of last contribution

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---	---

Section H: Declaration

Before you sign this statement, check you have provided complete and accurate information. The statement will be returned to you if it is not signed.

Privacy information

The ATO is a government agency 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 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

Supplier declaration:

I declare that:

- I am authorised by the provider to complete this statement on their behalf
- the information given in this statement is complete and accurate
- the payment of the specified amount of unclaimed superannuation money is attached or has been paid by electronic funds transfer.

Name (print in BLOCK LETTERS)

Position

Signature

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Provider declaration:

I declare that:

- the information given in this statement is complete and accurate
- the payment of the specified amount of unclaimed superannuation money is attached or has been paid by electronic funds transfer
- if the USM statement is being lodged by a supplier on my behalf
 - the information provided to my supplier/agent for the preparation of this USM statement is true and correct
 - I authorise my supplier/agent to lodge this USM statement.

Name (print in BLOCK LETTERS)

Position

Signature

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Lodging your USM statement

➤ If you are paying the USM payment with a cheque or money order, make sure you attach it with the payment slip. Cheques must 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.

Send your completed USM statement (with attached unclaimed superannuation money payment and payment slip, if you are paying with a cheque or money order) to:

Australian Taxation Office
Locked Bag 1936
ALBURY NSW 1936

Payment slip

The *Payment Slip – 29* is provided at the end of this statement for suppliers or providers to send to us with payments of USM. You can photocopy this payment slip for future use.

Sensitive (when completed)

Page 11

Australian
Taxation
Office

Payment slip – 29

You must complete this payment slip if you are attaching a cheque or money order. Enclose your cheque or money order with this statement. Do not staple or pin the cheque or money order to the statement.

Unclaimed superannuation money

Scheduled statement day / /
Day Month Year

Superannuation
provider name

Amount \$

Superannuation provider's TFN

Office use only

29
HOR

