

Australian Taxation Office

Superannuation member contributions statement (MCS)

Forms booklet for use from 1 July 2003

### **Need more information?**

For further information on this topic:

- visit the Tax Office superannuation website at www.ato.gov.au/super
- phone the Superannuation Infoline on 13 10 20 for the cost of a local call
- you can write to: Australian Taxation Office Superannuation Business Line PO Box 277 WTC VIC 8005
- obtain a fax by phoning **13 28 60**

If you do not speak English and need help from the Tax Office, phone the Translating and Interpreter Service on **13** 14 50

People with a hearing or speech impairment with access to appropriate TTY or modem equipment can contact the Tax Office by phoning the Australian Communication Exchange Relay Service on **13 36 77**.

People with a speech or communication impairment can conact the Tax Office using speech to speech relay by phoning the National Relay Service on **1300 555 727**.

#### **Important disclaimer**

As part of the 2001 Federal election commitment the Government released its superannuation policy statement which outlined the proposed changes and new initiatives on superannuation.

The Government proposed that from 1 July 2002, the existing rebate for undeducted personal superannuation contributions will be replaced with a Government co-contribution. The Government co-contribution will match the eligible personal superannuation contributions made by qualifying low income earners up to a maximum of \$1000 per annum depending on the individual's level of income and contributions. The Government co-contribution will only apply to personal superannuation contributions that are not eligible for an income tax deduction to the low income earner.

The Government also proposed to reduce the superannuation and termination payments surcharge rates. As it currently stands in the Bill introduced to Parliament, the maximum surcharge rate will be reduced by one-tenth of their current levels for each of the next three income years. Accordingly, it is proposed that the maximum surcharge rates will be reduced to 13.5 per cent for 2002/2003, 12 per cent for 2003/04 and 10.5 per cent for 2004/2005 and later years. The reduced surcharge rates will apply only to surcharge assessments relating to the 2004/05 and later years. The reduced surcharge rates will apply only to surcharge assessments relating to the 2002/03 and future income years.

The relevant Bills were passed by the House of Representatives on 23 October 2002, but have not yet been passed by the Senate. These initiatives will not be law until such time as the Bills have been passed and received Royal Assent. The details of these initiatives are subject to amendment by Parliament.

The specification reflects the requirements of the Bills that were passed by the House of Representatives.

#### **Our commitment to you**

This publication is available free from the Tax Office, which prohibits any party from selling it. Please get help from the Tax Office or a professional adviser if you feel this publication does not fully cover your circumstances. We regularly revise our publications to take account of changes to the law and you should make sure that this edition is the latest.

As part of our commitment to produce accurate publications, taxpayers will not be subject to penalties if they can demonstrate that they based a tax claim on wrong information supplied by the Tax Office. However, interest could be payable depending on the circumstances of each case.



# Superannuation member contributions statement





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UPPERCASE only.

Please refer to the *Superannuation member contributions statement* (MCS) instruction guide for details on completing this form. If **handwriting**, please print neatly in BLOCK LETTERS, one letter within each box. **Please use a black or blue pen**.

If typing or using a laser printer, you can type over the boxes using

Please note this MCS cannot be used by self-assessing superannuation providers.

If a question does **not** apply, do not put lines through the boxes or write *n/a* or *not applicable*. Doing this will cause problems with the scanning process, and cause the MCS to be rejected. If a question does not apply, simply leave it blank.

If the MCS contains errors, it may not be accepted as being lodged. If this happens, the Tax Office will ask you to submit an **original** MCS with all the information (not just the items in error).

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		Supplier information	
1	Supplier's tax	number (TFN)	
2	Supplier's Aus	an business number (ABN)	
3	Supplier's org	ation name	
4	Supplier's stre	ddress	
	Suburb or town		
	State/territory	Postcode Country - if outside Australia	
_			
5	Supplier's pos		
	Suburb or town		
	State/territory	Postcode Country - if outside Australia	
6	Supplier's con Name	person	
		per (including STD or ISD code) Facsimile number (including STD or ISD code)	
	Email address		
7	Number of cor	ted member information statements attached	
1			
8	Your reference		
		Day Month	Year
9	Signature	10 Date / / / /	
9	Signature		

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**DETACH FORM HERE** 

## Superannuation member contributions statement (Member information)

	Taxation Office V (Member information)	7100803
	Member information	303
1 2	Provider's tax file number (TFN)       Account number       3   Provider's client identifier	
4	Date account opened     Day     Month     Year       S     Account status     Active     Closed	
6	Account benefit structure 7 Is the member's account a deferred annuity a accumulated funded defined benefits account benefits	iccount?
8	Member's tax file number (TFN)	
9		
	Last name or family name	
	First given name	
	Other given names	
10	) Show the previous name of the member if it has changed since last reported	
	Last name or family name	
	First given name	
	Other given names	
	Day Month Year	
11	Sex     Male     Female     Unknown     12 Date of birth     /	
13	B Residential address	
	Suburb or town	
	State/territory     Postcode     Country - if outside Australia	
14	Has mail sent to the above address been returned unclaimed? No Yes	
15	5 Is the member deceased?     No     Yes     16 Member's date of death     Day     Month     Year	
17	7 Does the provider accept Government co-contributions on behalf of the member?       Yes       No	
18	B Frequency with which the provider reports to the member? Annually Quarterly Half yearly	

	Employer information
1	Employer's name
2	Employer's trading name
3	Employer's business address
	State/Territory     Postcode     Country - if outside Australia
4	Employer's Australian Business Number (ABN)
	Contributed amounts information
1	Total contributed amount
1	
2	Employer contributed amount (accumulation)
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3	Employer contributed amount (defined benefits)
	\$
4	Post-20 August 1996 component of an employer eligible termination payment (ETP)
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5	Allocated surplus amount
	\$
6	Personal contributed amount
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7	Other contributed amount
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10	Are there any Contributed amounts transfer-out records for this member?



**Account number** 

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Provider's tax file number (TFN)

## Superannuation member contributions statement (Member information)

(MCS)

3 Provider's client identifier

**Member information** 

27100803		

4	Date account opened	Day	Month	]/[	Year				:	5 A	Accou	nt si	tatus	A	ctive			Closed	1	]		
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8	Member's tax file numbe	r (TFN)	[																			
9	Full name					]																
	Last name or family name																					
	First given name																					
	Other given names																					
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	Last name or family name																					
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	Suburb or town																					

Country - if outside Australia State/territory Postcode No Yes 14 Has mail sent to the above address been returned unclaimed? Day Month Year 16 Member's date of death 15 Is the member deceased? No Yes 17 Does the provider accept Government co-contributions on behalf of the member? Yes No 18 Frequency with which the provider reports to the member? Annually Quarterly Half yearly

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# **Superannuation member** contributions statement (Member information)

Member information	ω
1 Provider's tax file number (TFN)	
2 Account number     3 Provider's client identifier	
4 Date account opened	
6       Account benefit structure       7       Is the member's account a deferred annuity         accumulated benefits account       funded defined benefits account       No	account?
8 Member's tax file number (TFN)	
Other given names 10 Show the previous name of the member if it has changed since last reported	
First given name	
Other given names	
11 Sex     Male     Female     Unknown     12 Date of birth     Day     Month     Yea	
13 Residential address	
State/territory Postcode Country - if outside Australia	
14 Has mail sent to the above address been returned unclaimed?     No     Yes	
15 Is the member deceased?     No     Yes     16 Member's date of death     Day     Month     Yea	
17 Does the provider accept Government co-contributions on behalf of the member?       Yes       No	
18 Frequency with which the provider reports to the member?       Annually       Quarterly       Half yearly	

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<b>18 Frequency with which the provider reports to the member?</b> Annually       Quarterly       Half yearly					

	Employer information				
1	Employer's name				
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1	Total contributed amount				
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2	Employer contributed amount (accumulation)				
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4	Post-20 August 1996 component of an employer eligible termination payment (ETP)				
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7	Other contributed amount				
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Member information	ω				
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2 Account number     3 Provider's client identifier					
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6       Account benefit structure       7       Is the member's account a deferred annuity         accumulated benefits account       funded defined benefits account       No	account?				
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15 Is the member deceased?     No     Yes     16 Member's date of death     Day     Month     Yea					
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<b>18 Frequency with which the provider reports to the member?</b> Annually       Quarterly       Half yearly					

	Employer information				
1	Employer's name				
2	Employer's trading name				
3	Employer's business address				
	State/Territory     Postcode     Country - if outside Australia				
4	Employer's Australian Business Number (ABN)				
	Contributed amounts information				
1	Total contributed amount				
2	Employer contributed amount (accumulation)				
2					
3	Employer contributed amount (defined benefits)				
4	Post-20 August 1996 component of an employer eligible termination payment (ETP)				
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5	Allocated surplus amount				
6	Personal contributed amount				
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7	Other contributed amount				
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9	Account balance				
10	Are there any Contributed amounts transfer-out records for this member?				
10					

	Contributed amounts transfer-out information				
1	Provider's tax file number (TFN) 2 Accou	t number			
3	Provider's client identifier				
4	Your reference				
5	Amount transferred to Roll-over to Payment to Deatt	Payment due to			
	Roll-over to Payment to Death superannuation provider individual benefi	marriage breakdown			
6	Name of destination				
7	Street address of destination				
	Suburb or town				
	State/territory Postcode Country - if outside Australia				
•					
8	Postal address of destination				
	State/territory Postcode Country - if outside Australia				
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount			
		\$,,,,			
10	Destination provider superfund number (SFN)	17 Transferred employer contributed amount (accumulation)			
		\$,,,,,,,,,			
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefi	its)		
		\$	ver		
12	Destination provider product identification number	eligible termination payment (ETP)	<b>J</b> 01		
		\$,,,,,,			
13	Destination provider member account number	20 Transferred allocated surplus amount			
14	Destination provider client identifier	21 Transferred personal contributed amount S			
		*			
15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount			
		23 Electronic checksum \$			

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	Contributed amounts transfer-out information							
1	Provider's tax file number (TFN)     2     Account       Image:	t number						
3	Provider's client identifier							
4	Your reference							
5	Amount transferred to Roll-over to Payment to Death	Payment due to						
6	superannuation provider individual benefit Name of destination	marriage breakdown						
7	Street address of destination							
	Suburb or town							
	State/territory     Postcode     Country - if outside Australia							
8	Postal address of destination							
	Suburb or town							
	State/territory Postcode Country - if outside Australia							
0	Destinction provider Australian business number (ADN)	16 Transferred total contributed amount						
9	Destination provider Australian business number (ABN)							
10	Destination provider superfund number (SFN)	17 Transferred employer contributed amount (accumulation)						
		\$,,,						
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefits)						
		\$,, ,, ,,, , ,, , , , , , , , , , , , , , , , , , , ,						
12	Destination provider product identification number	eligible termination payment (ETP)						
		\$,,,,,						
13	Destination provider member account number	20 Transferred allocated surplus amount \$,, _						
14	Destination provider client identifier	21 Transferred personal contributed amount \$,,,						
15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount \$						
		23 Electronic checksum \$,,,						

	Contributed amounts transfer-out information				
1	Provider's tax file number (TFN)     2     Accourt	t number			
3	Provider's client identifier				
4	Your reference				
5	Amount transferred to Roll-over to Payment to Death	Payment due to			
	Roll-over to     Payment to     Death       superannuation provider     individual     benefit	marriage breakdown			
6	Name of destination				
7	Street address of destination				
	State/territory Postcode Country - if outside Australia				
8	Postal address of destination				
	Suburb or town				
	State/territory Postcode Country - if outside Australia				
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount			
9		\$			
10	Destination provider superfund number (SFN)	17 Transferred employer contributed amount (accumulation)			
10		\$ <u></u>			
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefit	s)		
		\$			
12	Destination provider product identification number	19 Transferred post-20 August 1996 component of an employ eligible termination payment (ETP)	er		
13	Destination provider member account number	20 Transferred allocated surplus amount			
14	Destination provider client identifier	21 Transferred personal contributed amount			
		\$,,,			
15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount			
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		23 Electronic checksum			
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	Contributed amounts transfer-out information							
1	Provider's tax file number (TFN)     2     Accoun       Image: I	nt number						
3	Provider's client identifier							
4	Your reference							
5	Amount transferred to Roll-over to Payment to Death	Payment due to						
6	superannuation provider individual benefit Name of destination	marriage breakdown						
7	Street address of destination							
	Suburb or town							
	State/territory Postcode Country - if outside Australia							
8	Postal address of destination							
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	Suburb or town							
	State/territory     Postcode     Country - if outside Australia							
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount						
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10	Destination provider superfund number (SFN)	\$						
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefits)						
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12	Destination provider product identification number	19 Transferred post-20 August 1996 component of an employer eligible termination payment (ETP)						
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13	Destination provider member account number	20 Transferred allocated surplus amount \$						
14	Destination provider client identifier	21 Transferred personal contributed amount						
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15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount \$						
		23 Electronic checksum \$,,,,						

	Contributed amounts transfer-out information				
1	Provider's tax file number (TFN)     2     Accourt	t number			
3	Provider's client identifier				
4	Your reference				
5	Amount transferred to Roll-over to Payment to Death	Payment due to			
	Roll-over to     Payment to     Death       superannuation provider     individual     benefit	marriage breakdown			
6	Name of destination				
7	Street address of destination				
	Suburb or town				
	State/territory Postcode Country - if outside Australia				
8	Postal address of destination				
	Suburb or town				
	State/territory Postcode Country - if outside Australia				
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount			
9		\$			
10	Destination provider superfund number (SFN)	17 Transferred employer contributed amount (accumulation)			
10		\$ <u></u>			
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefit	s)		
		\$			
12	Destination provider product identification number	19 Transferred post-20 August 1996 component of an employ eligible termination payment (ETP)	er		
13	Destination provider member account number	20 Transferred allocated surplus amount			
14	Destination provider client identifier	21 Transferred personal contributed amount			
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15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount			
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	Contributed amounts ti	ransfer-out information
1	Provider's tax file number (TFN)     2     Account       Image:	t number
3	Provider's client identifier	
4	Your reference	
5	Amount transferred to Roll-over to Payment to Death	Payment due to
6	superannuation provider individual benefit Name of destination	marriage breakdown
7	Street address of destination	
	Suburb or town	
	State/territory Postcode Country - if outside Australia	
8	Postal address of destination	
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	Suburb or town	
	State/territory     Postcode     Country - if outside Australia	
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount
10		Transferred employer contributed amount (accumulation)
10	Destination provider superfund number (SFN)	\$
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefits)
		\$,,,,
12	Destination provider product identification number	19 Transferred post-20 August 1996 component of an employer eligible termination payment (ETP)
		\$ <u> </u>
13	Destination provider member account number	20 Transferred allocated surplus amount
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14	Destination provider client identifier	21 Transferred personal contributed amount \$,,,
15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount \$,
		23 Electronic checksum \$,,,

	Contributed amounts	ransfer-out information	
1	Provider's tax file number (TFN)     2     Accourt	t number	
3	Provider's client identifier		
4	Your reference		
5	Amount transferred to Roll-over to Payment to Death	Payment due to	
	Roll-over to     Payment to     Death       superannuation provider     individual     benefit	marriage breakdown	
6	Name of destination		
7	Street address of destination		
	Suburb or town		
	State/territory Postcode Country - if outside Australia		
8	Postal address of destination		
	Suburb or town		
	State/territory Postcode Country - if outside Australia		
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount	
3			
10	Destination provider superfund number (SFN)	17 Transferred employer contributed amount (accumulation)	
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11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefit	s)
		\$,,,	
12	Destination provider product identification number	19 Transferred post-20 August 1996 component of an employ eligible termination payment (ETP)	er
		\$	
13	Destination provider member account number	20 Transferred allocated surplus amount	
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14	Destination provider client identifier	21 Transferred personal contributed amount	
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15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount	
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	Contributed amounts ti	ransfer-out information
1	Provider's tax file number (TFN)     2     Account       Image:	t number
3	Provider's client identifier	
4	Your reference	
5	Amount transferred to Roll-over to Payment to Death	Payment due to
6	superannuation provider individual benefit Name of destination	marriage breakdown
7	Street address of destination	
	Suburb or town	
	State/territory Postcode Country - if outside Australia	
8	Postal address of destination	
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	Suburb or town	
	State/territory     Postcode     Country - if outside Australia	
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount
10		Transferred employer contributed amount (accumulation)
10	Destination provider superfund number (SFN)	\$
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefits)
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12	Destination provider product identification number	19 Transferred post-20 August 1996 component of an employer eligible termination payment (ETP)
		\$ <u> </u>
13	Destination provider member account number	20 Transferred allocated surplus amount
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14	Destination provider client identifier	21 Transferred personal contributed amount \$,,,
15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount \$,
		23 Electronic checksum \$,,,

	Contributed amounts	ransfer-out information	
1	Provider's tax file number (TFN) 2 Accou	t number	
3	Provider's client identifier		
4	Your reference		
5	Amount transferred to Roll-over to Payment to Death	Payment due to	
	superannuation provider individual benefit	marriage breakdown	
6	Name of destination		
7	Street address of destination		
	Suburb or town		
	State/territory Postcode Country - if outside Australia		
8	Postal address of destination		
U			
	State/territory         Postcode         Country - if outside Australia		
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount	
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10	Destination provider superfund number (SFN)	17 Transferred employer contributed amount (accumulation)	
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefits	)
10		<ul> <li>Transferred post-20 August 1996 component of an employe</li> </ul>	r
12	Destination provider product identification number	eligible termination payment (ETP)	
10			
13	Destination provider member account number	20 Transferred allocated surplus amount	
14	Destination provider client identifier	21 Transferred personal contributed amount	
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15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount	
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	Contributed amounts ti	ransfer-out information
1	Provider's tax file number (TFN)     2     Account       Image:	t number
3	Provider's client identifier	
4	Your reference	
5	Amount transferred to Roll-over to Payment to Death	Payment due to
6	superannuation provider individual benefit Name of destination	marriage breakdown
7	Street address of destination	
	Suburb or town	
	State/territory Postcode Country - if outside Australia	
8	Postal address of destination	
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	Suburb or town	
	State/territory     Postcode     Country - if outside Australia	
9	Destination provider Australian business number (ABN)	16 Transferred total contributed amount
10		Transferred employer contributed amount (accumulation)
10	Destination provider superfund number (SFN)	\$
11	Destination provider tax file number (TFN)	18 Transferred employer contributed amount (defined benefits)
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12	Destination provider product identification number	19 Transferred post-20 August 1996 component of an employer eligible termination payment (ETP)
		\$ <u> </u>
13	Destination provider member account number	20 Transferred allocated surplus amount
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15	Date provider ceased to be the holder of the contributions	22 Transferred other contributed amount \$,
		23 Electronic checksum \$,,,