| Australian Government |
|-----------------------|
|                       |

|  | Australian   | Taxation C      | Office     | Los        | t me      | mber       | 's st    | ater       | nent      |          |              |           |               |
|--|--|-----------------|------------|------------|-----------|------------|----------|------------|-----------|----------|--------------|-----------|---------------|
| <ul> <li>WHEN COM</li> <li>Print clearly</li> <li>Image: Image: I</li></ul> | r in BLOCK L<br>7 # \$<br>in ALL appl<br>pins or staple    | ETTERS us       | ing a blac |            |           |            |          |            |           |          |              |           |               |
| Section  |  | plier d         | etails     | 6          |           |            |          |            |           |          |              |           |               |
| You must   | st complete a  | all question:   | s with an  | '*' as the | ese are n | nandatory  | / quest  | ions.      |           |          |              |           |               |
| If you are   | e the provider   | and are rep     | orting the | Lost me    | embers st | atement (  | LMS) d   | ətails, yo | ou must ( | complete | this section | on and    | section E     |
| Australia<br>Tax file n  | er number<br>n business nu<br>umber (TFN)<br>nt number (TA | ·               | ۷) []<br>  |            |           |            |          |            |           |          |              |           |               |
| 2* Organis   | sation nam   |                 |            |            |           |            |          |            |           |          |              |           |               |
| 3* Street a  | address  |                 |            |            |           |            |          |            |           |          |              |           |               |
|  |  |                 |            |            |           |            |          |            |           |          |              |           |               |
| Suburb/town/loc  |  |                 |            |            |           |            |          |            |           | Stat     | e/territory  |           | Postcode      |
| Country if outsid  | le Australia   |                 |            |            |           |            |          |            |           | (Aus     | tralia only) |           | (Australia on |
|  |  |                 |            |            |           |            |          |            |           |          |              |           |               |
| 4 Postal a   | address  |                 |            |            |           |            |          |            |           |          |              |           |               |
|  |  |                 |            |            |           |            |          |            |           |          |              |           |               |
| Suburb/town/loc  | cality   |                 |            |            |           |            |          |            |           | Stat     | e/territory  | ےالے<br>P | Postcode      |
| Country if outsid  | Le Australia   |                 |            |            |           |            |          |            |           | (Aus     | tralia only) | L         | (Australia on |
|  |  |                 |            |            |           |            |          |            |           |          |              |           |               |
| 5 Contac<br>*Name  | t person   |                 |            |            |           |            |          |            |           |          |              |           |               |
| *Daytime phone   |  | ling area or co |            | e)         | Fax n     | umber (inc | luding a | rea or co  |           | e)       |              |           |               |

NAT 71825-01.2015

Reference

6

(Australia only)

(Australia only)

### Section B: Provider details

|                   | You must complete all quantiana with an (*' on these are mandatory quantiana   |
|-------------------|--|
| 0                 | You must complete all questions with an '*' as these are mandatory questions.  |
| 7*                |  |
| 8                 |  |
| <b>9</b> *        | Name   |
|                   |  |
|                   |  |
| 10                | Previous name  |
|                   |  |
|                   |  |
|                   |  |
| 11*               | Phone number (including area or country code)  |
| <b>12</b> *       | Street address   |
|                   |  |
|                   |  |
| Subu              |  |
|                   |  |
| Cour              | ntry if outside Australia (Australia only) (Australia only) (Australia only)   |
|                   |  |
| 13                | Postal address   |
|                   |  |
|                   |  |
| Subu              | urb/toxality Postcode |
|                   |  |
|                   | ntry if outside Australia (Australia only) (Australia only)  |
|                   |  |
| 14                | Address for service of notices       Provider address       Supplier address   |
| 15                | Provider preferred correspondence method   |
|                   | Only complete if you have chosen 'provider address' at question 14.  |
|                   | Paper Email You must supply a valid email address at question 16   |
| 16                |  |
| <b>16</b><br>*Nan | -  |
|                   |  |
| *Day              | time phone number (including area or country code) Fax number (including area or country code)   |
| Emai              |  |
|                   |  |

| 17* Type of superannuation provider (place an $X$ ir | n one | box only)  |
|--|-------|--|
| Retirement savings account                           |       | Small Australian Prudential Regulatory Authority (APRA) fund |
| Industry or award superannuation fund                |       | Exempt public sector scheme                                  |
| Employer sponsored or corporate superannuation fund  |       | Public sector fund   |
| Public offer or retail superannuation fund           |       | Eligible rollover fund                                       |
| Other  |       |  |
|  |       |  |
| Section C: Statement details                         |       |  |

| • You must complete all questions with an '*' as these are mandatory questions.                              |
|--|
| 18* Statement creation date  |
| 19* Period ending date   |
| 20* Number of lost members reported  |
| 21* Is this a non-lodgment advice (NLA)?   |
| No Go to question 24   |
| Yes You don't need to complete sections D, E and F.<br>When you have completed this section go to section G. |
| 22* Reason for a NLA   |
| No updates Go to question 24   |
| Transferred  |
| Lost members with nil account balances Go to question 24   |
| Both transferred and nil account balances apply  |
|  |
| 23 Name of other superannuation provider   |
|  |
|  |
| 24* Is this a final report?  |
| No Go to question 26   |
| Yes  |
| 25* Reason for a final report  |
| Wind-up  |
| Merger   |
|  |
| If you answered yes at question 21, go to section G.   |

### Section D: Member details

| You must complete all questions with an '*' as these are mandatory questions.   |  |
|---|--|
| If multiple members need to be reported, you must complete sections D, E and F for each member.<br>Three member details, member account details and employer details sections have been included with this LMS. If you require more copies of sections D, E and F, contact us or visit our website at <b>ato.gov.au</b>   | }                                      |
| 26* Provider's TFN  |  |
| 27* Member's TFN  |  |
| 28 Name           Title:         Mrs         Miss         Ms         Other         Other<   |  |
| Given name         Other given name(s)           Image: |  |
| 29 Previous name         Family name         Given name       Other given name(s)         Given name       Other given name(s)         Date change of name notified       / / / / / / / / / / / / / / / / / / /   |  |
| 30 Address         Image: Suburb/town/locality         Suburb/town/locality         Country if outside Australia         Image: State Australia     (Australia only)  (Australia only)  | ] []<br>] []<br>] []<br>pnly)          |
| 31 Previous address         Image: State Australia         Country if outside Australia         Day       Month         Year  | ] [] ] [] ] [] ] [] ] [] ] [] ] [] ] [ |
| Date change of address notified   Date change of address notified     32* Date of birth     Day     Year     32* Date of birth     Day     Year     33* Has the date of birth been deemed?     No   Yes   Unknown   |  |

| Section E: Member account details  |
|--|
| • You must complete all questions with an '*' as these are mandatory questions.  |
| 34* Status Lost Inactive Found Transferred Error   |
| 35* Account number   |
| 36 Unique superannuation identifier (USI)  |
| 37 Client Identifier   |
| 38* Date account was opened  |
| 39 Previous provider's name         Image: |
| 40* Account balance  |
| 41* Money status         Still held by reporting provider or paid to member       Paid to SA as USM         Paid to the ATO as USM       Paid to TAS as USM         Paid to NSW as USM       Paid to ACT as USM         Paid to VIC as USM       Paid to NT as USM         Paid to QLD as USM       Transferred to another superannuation provider   |
| Paid to WA as USM     42 Beneficiary 1 details     Family name     Given name        Other given name(s)   |
| 43 Beneficiary 2 details         Family name         Given name         Other given name(s)         Other reference  |

# Section F: Employer details

### EMPLOYER 1

| 45   | Tr   | ad    | inę       | g n         | an              | ne           |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|------|------|-------|-----------|-------------|-----------------|--------------|----------|-------|----|----|--------|------|-----|-----|----|-------|--------|------|------|----------|------|------|---|------|----|---|---|------|--------|--------|--------|---|---------|--------|---------|------------|
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          | ][    |    |    |        |      |     |     |    |       | 1      |      |      |          |      | 1    |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| 46   | В    | usi   | ne        | SS          | na              | ime          | <b>)</b> |       |    |    |        |      |     | ı.— |    |       | <br>   | <br> | ı.—— |          |      | <br> |   | <br> |    |   |   | <br> |        |        |        |   |         |        | 11      |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      | _    |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       | <br>1  |      |      |          |      |      |   |      |    |   |   |      |        | 1      |        |   |         |        |         |            |
| 47   |      | ddı   | res       | S<br>       | 1               |              |          |       |    | ][ |        |      |     | 1[  | 1  |       |        |      | ][   | 1        |      |      |   |      | 1  | 7 |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| Subi | urb/ | towi  | ח/lo      | calit<br>][ | y<br>T          |              |          |       |    |    |        |      |     | 1   | 1  |       |        |      | 1    | 1        |      |      |   |      |    |   | ٦ | St   | tate,  | /teri  | ritor  | У | Pos     | tcod   | de<br>I |            |
| Cou  | ntry | if ou | utsic     | JL<br>de A  | _ L<br>.ust     | _ _<br>ralia |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   | (A   | ustra  | alia o | nly)   |   | (4      | Austra | lia on  | lL<br>ıly) |
|      | ĺ    |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             | -               |              |          |       |    |    |        | Da   | 11/ |     |    | lonth | <br>   | <br> | ear  |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| 48   | E    | mp    | loy       | ym          | en              | t si         | tar      | to    | da | te |        |      | ,y  | ] / |    |       | / [    |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| 49   | E    | mp    | loy       | ym          | en              | t e          | nd       | d     | at | е  |        |      |     | ] / |    |       | / [    |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| EM   | PL   | .01   | ΈI        | R 2         |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| 50   |      | ad    |           |             |                 | ne           |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       | [      |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| 51   | A    | ddı   | es        | S           |                 |              |          |       |    |    |        |      |     |     |    |       | <br>   | <br> |      |          |      | <br> |   | <br> |    |   |   | <br> |        |        |        |   | <br>    |        |         | · — ·      |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| Sub  | urb/ | tow   | ∟<br>n/lo | calit       | л <u>–</u><br>У |              |          | !<br> |    |    | L_<br> | <br> |     |     | JL |       | <br>][ |      | JL   | JL<br>JL | <br> |      | ı | <br> | JL |   |   | St   | tate   | /teri  | ritor  | у | <br>Pos | tcod   |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        | -1.)   |   |         |        |         |            |
| Cou  | ntry | if ou | utsio     | A at        | lust            | ralia        |          |       |    |    |        |      |     |     |    |       |        |      |      |          | ٦    |      |   |      |    |   |   | (A   | Nustra | alla o | r IIY) |   | (4      | Austra | ula on  | iiy)       |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |
| 52   |      |       |           |             |                 |              |          |       |    |    |        | Da   | ıy  |     | N  | lonth |        | Y    | ear  |          |      |      |   |      |    |   |   |      |        |        |        |   |         |        |         |            |

### Section D: Member details

| • You must complete all questions with an '*' as these are mandatory questions.   |
|---|
| If multiple members need to be reported, you must complete sections D, E and F for each member.   |
| Three member details, member account details and employer details sections have been included with this LMS. If you require more copies of sections D, E and F, contact us or visit our website at <b>ato.gov.au</b>  |
| 26* Provider's TFN  |
| 27* Member's TFN  |
| 28 Name   |
| Title:         Mrs         Miss         Ms         Other         Othe |
| Family name   |
| Given name Other given name(s)  |
|   |
| 29 Previous name  |
| Family name   |
| Given name Other given name(s)  |
|   |
| Date change of name notified  |
| 30 Address  |
|   |
|   |
| Suburb/town/locality Postcode State/territory Postcode  |
| Country if outside Australia     (Australia only)     (Australia only)  |
|   |
| 31 Previous address   |
|   |
|   |
| Suburb/town/locality  |
| Country if outside Australia (Australia only) (Australia only)  |
| Country if outside Australia (Australia only) (Australia only)  |
| Date change of address notified   |
| Day Month Year  |
| 32* Date of birth   |
| 33* Has the date of birth been deemed? No Yes Unknown   |

| Section E: Member account details   |
|---|
| • You must complete all questions with an '*' as these are mandatory questions. |
| 34* Status Lost Inactive Found Transferred Error                                |
| 35* Account number  |
| 36 Unique superannuation identifier (USI)                                       |
| 37 Client Identifier  |
| 38* Date account was opened   |
| 39 Previous provider's name   |
|   |
| 40* Account balance   |
| 41* Money status  |
| Still held by reporting provider or paid to member                              |
| Paid to the ATO as USM Paid to TAS as USM                                       |
| Paid to NSW as USM  |
| Paid to VIC as USM Paid to NT as USM  |
| Paid to QLD as USM Transferred to another superannuation provider               |
| Paid to WA as USM   |
|   |
| 42 Beneficiary 1 details<br>Family name   |
| Given name Other given name(s)  |
|   |
| 43 Beneficiary 2 details  |
|   |
|   |
|   |
| 44 Other reference  |

# Section F: Employer details

### **EMPLOYER 1**

| 45   | Tr   | ad    | inę       | g n         | an              | ne           |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|------|------|-------|-----------|-------------|-----------------|--------------|----------|-------|----|----|--------|------|-----|-----|----|-------|--------|------|------|----------|---|------|---|------|----|---|---|------|--------|--------|--------|---|---|-----|--------|---------|------------|
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          | ][    |    |    |        |      |     |     |    |       | 1      |      |      |          |   | 1    |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| 46   | В    | usi   | ne        | SS          | na              | ime          | <b>)</b> |       |    |    |        |      |     | ı.— |    |       | <br>1  | <br> | ı.—— |          |   | <br> |   | <br> |    |   |   | <br> |        |        |        |   |   |     |        | 11      |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      | _    |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       | <br>1  |      |      |          |   |      |   |      |    |   |   |      |        | 1      |        |   |   |     |        |         |            |
| 47   |      | ddı   | res       | S<br>       | 1               |              |          |       |    | ][ |        |      |     | 1[  | 1  |       |        |      | ][   | 1        |   |      |   |      | 1  | 7 |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| Subi | urb/ | towi  | ח/lo      | calit<br>][ | y<br>T          |              |          |       |    |    |        |      |     | 1   | 1  |       |        |      | 1    | 1        |   |      |   |      |    |   | ٦ | St   | tate,  | /teri  | ritor  | У |   | Pos | tcod   | de<br>I |            |
| Cou  | ntry | if ou | utsic     | JL<br>de A  | _ L<br>.ust     | _ _<br>ralia |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   | (A   | ustra  | alia o | nly)   |   |   | (4  | Austra | lia on  | lL<br>ıly) |
|      | ĺ    |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        | Da   | 11/ |     |    | lonth | <br>   | <br> | ear  |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| 48   | E    | mp    | loy       | ym          | en              | t si         | tar      | to    | da | te |        |      | ,y  | ] / |    |       | / [    |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| 49   | E    | mp    | loy       | ym          | en              | t e          | nd       | d     | at | е  |        |      |     | ] / |    |       | / [    |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| EM   | PL   | .01   | ΈI        | R 2         |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| 50   |      | ad    |           |             |                 | ne           |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       | [      |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| 51   | A    | ddı   | es        | S           |                 |              |          |       |    |    |        |      |     |     |    |       | <br>   | <br> |      |          |   | <br> |   | <br> |    |   |   | <br> |        |        |        |   |   |     |        |         | · — ·      |
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|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| Sub  | urb/ | tow   | ∟<br>n/lo | calit       | л <u>–</u><br>У |              |          | !<br> |    |    | L_<br> | <br> |     |     | JL |       | <br>][ |      | JL   | JL<br>JL |   |      | ı | <br> | JL |   |   | St   | tate   | /teri  | ritor  | у | L | Pos | tcod   |         |            |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        | -1.)   |   |   |     |        |         |            |
| Cou  | ntry | if ou | utsio     | A at        | lust            | ralia        |          |       |    |    |        |      |     |     |    |       |        |      |      |          | ٦ |      |   |      |    |   |   | (A   | Nustra | alla o | r IIY) |   |   | (4  | Austra | ula on  | iiy)       |
|      |      |       |           |             |                 |              |          |       |    |    |        |      |     |     |    |       |        |      |      |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |
| 52   |      |       |           |             |                 |              |          |       |    |    |        | Da   | ıy  |     | N  | lonth |        | Y    | ear  |          |   |      |   |      |    |   |   |      |        |        |        |   |   |     |        |         |            |

### Section D: Member details

| • You must complete all questions with an '*' as these are mandatory questions.   |
|---|
| If multiple members need to be reported, you must complete sections D, E and F for each member.   |
| Three member details, member account details and employer details sections have been included with this LMS. If you require more copies of sections D, E and F, contact us or visit our website at <b>ato.gov.au</b>  |
| 26* Provider's TFN  |
| 27* Member's TFN  |
| 28 Name   |
| Title:         Mrs         Miss         Ms         Other         Othe |
| Family name   |
| Given name Other given name(s)  |
|   |
| 29 Previous name  |
| Family name   |
| Given name Other given name(s)  |
|   |
| Date change of name notified  |
| 30 Address  |
|   |
|   |
| Suburb/town/locality Postcode State/territory Postcode  |
| Country if outside Australia     (Australia only)     (Australia only)  |
|   |
| 31 Previous address   |
|   |
|   |
| Suburb/town/locality  |
| Country if outside Australia (Australia only) (Australia only)  |
| Country if outside Australia (Australia only) (Australia only)  |
| Date change of address notified   |
| Day Month Year  |
| 32* Date of birth   |
| 33* Has the date of birth been deemed? No Yes Unknown   |

| Section E: Member account details   |
|---|
| • You must complete all questions with an '*' as these are mandatory questions. |
| 34* Status Lost Inactive Found Transferred Error                                |
| 35* Account number  |
| 36 Unique superannuation identifier (USI)                                       |
| 37 Client Identifier  |
| 38* Date account was opened   |
| 39 Previous provider's name   |
|   |
| 40* Account balance   |
| 41* Money status  |
| Still held by reporting provider or paid to member Paid to SA as USM            |
| Paid to the ATO as USM Paid to TAS as USM                                       |
| Paid to NSW as USM Paid to ACT as USM   |
| Paid to VIC as USM  |
| Paid to QLD as USM Transferred to another superannuation provider               |
| Paid to WA as USM   |
| 42 Beneficiary 1 details  |
| Family name         Given name         Other given name(s)                      |
| 43 Beneficiary 2 details  |
|   |
|   |
|   |
| 44 Other reference  |

# Section F: Employer details

### **EMPLOYER 1**

| 45   | Tra         | ıdi    | ng     | na        | Im    | е         |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|------|-------------|--------|--------|-----------|-------|-----------|--------------|----------|-----|---|---------|------|----|------|-----|-----|------|----|-----|----------|------|------|------|-------|------|------|---------|--------|--------|----------|-----------|--------|---------|-----------|-----|
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        | ][     |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          | [    |      |      |       |      |      |         |        |        |          |           | [      | ][      |           |     |
| 46   | Bu          | sir    | nes    | s I       | nai   | me        | <b>;</b><br> |          |     |   | <br>    | <br> |    |      |     |     |      |    |     |          | <br> | <br> | <br> |       | <br> | <br> |         |        |        |          | <br>—ır   | r      |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        | ][     |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           | 1      | 1       |           |     |
| 47   | Ad          | dr     | ess    | ;         |       | 1         |              | ר        |     |   |         |      |    |      |     |     |      |    |     | 1        |      |      |      |       |      |      |         |        |        |          |           | r      | ,       |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           | [      |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
| Subu | irb/to      | wn     | /loc:  | ality     | ,<br> | ][        |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      | Sta     | ate/t  | errito | ory<br>T | F         | Post   | cod     | e         |     |
| Cour | <br>htrv if |        | tside  | AL        | lstra | ]<br>alia |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      | (Au     | strali | a only | )        | L         | (Ai    | ustrali | ia on     | ly) |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   | <br>Day |      | Ma | onth |     |     |      | V  | ear |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
| 48   | En          | npl    | oy     | ne        | ent   | st        | arl          | : d      | lat | e |         | /    |    |      | ] / | [   |      | Tt |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
| 49   | En          | npl    | oy     | ne        | ent   | er        | nd           | da       | ate | 9 |         | /    |    |      | ]/  | / [ |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
| EM   |             | ער     | ED     | n         |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
| 50   |             |        |        |           | m     | ۵         |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        |        |           |       | €<br> [   |              |          |     |   |         |      |    |      |     |     |      |    |     | ][       |      |      |      |       |      |      |         |        |        |          |           |        |         | $\square$ |     |
|      |             | L<br>r | L<br>r |           |       |           |              |          |     |   |         |      |    |      |     |     | <br> |    |     | ][<br>][ |      |      |      | L<br> |      |      |         |        |        |          | L<br>r    | l<br>r | <br>    |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
| 51   | Ad          | dr     | ess    | ;         |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        |        |           |       |           |              | רב<br>קר |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           | <br>[  | ı       |           |     |
| Subu |             | <br>wn |        | <br>alitv |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      | <br>Ste | ]<br>  | errito | JL       | _ [_<br>F | Post   |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   |         | ٦    |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        | ]        | ſ         |        |         |           |     |
| Cour | ntry il     | ou     | tside  | e Al      | istra | alia      |              |          |     |   |         | _    |    |      |     |     | ''   |    |     | <br>     | <br> |      |      |       |      |      | (Au     | strali | a only | )        | L         | (Au    | ustrali | ia onl    | ly) |
|      |             |        |        |           |       |           |              |          |     |   |         |      |    |      |     |     |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
|      |             |        |        |           |       |           |              |          |     |   | Day     |      | Mc | nth  |     |     |      | Ye | ear |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |
| 52   | En          | npl    | oy     | ne        | ent   | st        | arl          | : d      | lat | e |         | /    |    |      |     | ′ [ |      |    |     |          |      |      |      |       |      |      |         |        |        |          |           |        |         |           |     |

### Section G: Declaration

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

#### Privacy

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

#### 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.

| Name (print in BLOCK LETTERS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |      |     |   |        |     |     |  |      |  |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|------|-----|---|--------|-----|-----|--|------|--|
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| Positic                       | n  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |      |     |   |        |     |     |  |      |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |      |     |   |        |     |     |  |      |  |
| Signat                        | ure  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | _ |   |      |     |   |        |     |     |  |      |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |      |     |   |        |     |     |  |      |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   | Ľ | Date |     |   |        |     |     |  |      |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   | Day  | ] / | / | /lonth | ] / | ′ [ |  | Year |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |      |     |   |        |     |     |  |      |  |
| Austi                         | Send your completed LMS to us at:<br>Australian Taxation Office<br>PO Box 3578 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |      |     |   |        |     |     |  |      |  |

ALBURY NSW 2640