



Transfer balance event notification

Who should complete this form?

Individuals should use this form to notify us of a transfer balance account debit event.

! The instructions contain important information about completing this form. Refer to them for more information about how to complete and lodge this form.

When completing this form

If you are filling in this form by hand:

- Print clearly in BLOCK LETTERS using a black pen only.

! If you are amending a previous transfer balance event notification place an **X** in the box below and provide the details of the amendment in the text field provided. You must then complete the form with the correct information.

Amendment notification

Details of amendment

Section A: Your details

! You don't have to provide your TFN to us, however, if you do it will help us identify you correctly and process your form quickly. For more information on privacy, refer to ato.gov.au/privacy

1 Tax file number (TFN)

2 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

3 Current postal address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

4 Date of birth

Day / Month / Year

5 Daytime phone number

(Including area code)

Section B: Superannuation account details

! This section must be completed for every event type being reported.

6 Fund/Provider ABN

7 Fund/Provider name

! If you are reporting a family law payment split at section E, write the account number of the retirement income stream specified in the court order at question 8.

8 Account number

Section C: Structured settlement contribution made before 1 July 2007

9 The date the contribution was made ^{Day} / ^{Month} / ^{Year}

10 The amount of the contribution \$

Section D: Event resulting in reduced superannuation

11 Reason for the reduced superannuation: fraud/dishonesty bankruptcy payment

12 The date of the loss or payment ^{Day} / ^{Month} / ^{Year}

13 The amount of the loss or payment \$

Section E: Family law payment split

! If you are reporting a family law payment split you must also complete section F.

14 Are you the: member spouse

non-member spouse

15 Operative time for payment split

/ /

16 The value of the superannuation interest on the date of the payment split \$

17 Your proportion of the payment split

%

18 Other party proportion of the payment split

%

! Questions 17 and 18 must equal 100%.

Section F: Other party details

! Only use this section if you are reporting a family law split at section E. The other party is the other spouse identified in your court order documentation.

! You don't have to provide the other party's TFN to us, however, if you do it will help us identify them correctly and process your form quickly. For more information on privacy, refer to ato.gov.au/privacy

19 Tax file number (TFN)

20 Other party name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

21 Residential address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

22 Date of birth

/ /

Section G: Declarations

Complete the declaration that applies to you. Print your full name then sign and date declaration.

- !** Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

Individual declaration

I declare that the information given on this form is true and correct.

Name (BLOCK LETTERS)

Business hours phone number (include area code)

Signature

You MUST SIGN here

Date

Day / Month / Year
 / /

OR

Authorised representative declaration

Complete this declaration if you are an authorised representative of the individual shown in section A.

I declare that:

- I have prepared the form with the information supplied by the individual
- I have received a declaration made by the individual that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the individual to give the information in this form to the ATO.

Name (BLOCK LETTERS)

Business hours phone number (include area code)

Authorised representative signature

You MUST SIGN here

Date

Day / Month / Year
 / /

Tax agent number (if you are a registered tax agent)

Lodging this form

You can lodge this form via:

- Fax: **1300 730 298**
- Post:
Australian Taxation Office
PO Box 3006
PENRITH NSW 2740