



# Unclaimed superannuation money statement

## When completing this statement

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

<b>Office use only</b>		<b>LU</b>	
<b>Lodgment date</b>			
Day	Month	Year	
<input type="text"/>	<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**.
- ⚠ Do not use this statement if you are lodging for more than 6 members, unless you are reporting a New Zealand sourced amount. An unclaimed superannuation money statement with more than 6 members not including New Zealand sourced amounts, must be lodged electronically.

## 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

  
(Australia only)

Postcode

  
(Australia only)

Country if other than Australia

**4 Postal address**

  


Suburb/town/locality

State/territory

  
(Australia only)

Postcode

  
(Australia only)

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

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## Section C: Statement details

18 **Unclaimed money day**      <sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>

19 **Amount remitted**      \$  .

20 **Number of members reported**     

21 **Final report**      No       Yes

22 **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](http://ato.gov.au)

**23 Member's TFN**

**24 Name**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

**25 Previous name** (if applicable)

Family name

First given name

Other given names

**26 Address**

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

**27 Previous address** (if applicable)

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

**28 Phone number** (including area or country code)

**29 Sex** Male  Female  Unknown

**30 Date of birth** Day  / Month  / Year

**31 Has the date of birth been deemed?** No  Yes

## Section E: Member account details

### 32 Member status

R – Temporary resident  
(received s20C Notice)

V – Trustee voluntary payment

A – Member reached eligible age

L – Inactive Low Balance Account (ILBA)

N – Non member spouse

Q – Small lost member account  
(less than threshold and lost)

D – Deceased

P – Insoluble lost member account  
(insoluble and lost)

### 33 Account details

Superannuation product name

Superannuation product identification number (SPIN)

Account number

Reference number

### 34 System code

### 35 Provider client identifier

### 36 Service period

Start date  /  /  End date  /  /

Number of days

### 37 Previous provider name (if applicable)

### 38 Agent details (if applicable)

Name

Phone number (including area or country code)

Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

### 39 Death benefit

No  Yes  Date of death  /  /

### 40 Required payee

No  Go to question 42

Yes  Go to question 41



## Section F: 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](http://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"/>

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## 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.



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

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