

Super fund reporting – deferral request

(Superannuation fund may not meet reporting requirements)

When completing this form

You can complete this form in writing or online prior to printing.

If you are completing the form by hand:

- print clearly using a black pen only
- use BLOCK LETTERS and print one character in each box.

Super fund name													
Fund/provider Australian Business Number (ABN)													
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0	If more than three USIs include in additional information on page 2.												
Dates of outage/issue													
Day Month Year													
Day Month Year													
Day Month Year													
Deferral required dates													
Start date													
Services impacted (eg MAAS and/or MATS/USM)													
Reporting impacted (eg NOI)													
	<u>-</u>												
Account attributes and events impacted													
Number of members impacted													
N··	Number of accounts impacted												
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Nu	Number of transactions impacted												

NAT 75201-09.2021

Reason for deferral
Identification of cause
Action(s) the fund is taking to rectify the issue
How the fund is managing member communications
Additional information

Declaration



🕕 Before you sign this statement, check you have provided true and correct information. Penalties may be imposed for giving false and misleading information.

The ATO is a government agency bound by the Privacy Act 1988 in terms of handling personal information and TFNs.

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:

- the information in this Deferral form is true and correct, including any attachments
- I have the necessary records and/or evidence to support my request for a Deferral
- if the Deferral request is being lodged by a supplier/intermediary on behalf of the provider
 - the form has been prepared in accordance with the information supplied by the provider
 - I have received a declaration from the provider stating that the information given to me is true and correct
 - I am authorised by the provider to give the form to the Commissioner.

Name of provider	
Name of signatory	
Traine of signatory	
Signature	
	Date Day Month Year Day

How to lodge your form

Send your completed form and supporting documents by lodging a request using Super Enquiry Service.