

Unclaimed superannuation benefits summary sheet

PLEASE NOTE:

This form is to be completed by Superannuation Fund Managers when lodging unclaimed superannuation benefits with the Territory Revenue Office.

PART A SUPERANNUATION FUND DETAILS

Name:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Contact name:	<input type="text"/>		
Phone number:	<input type="text"/>	Facsimile:	<input type="text"/>
Email address:	<input type="text"/>		

PART B SUMMARY OF UNCLAIMED BENEFITS TRANSFERRED

Report date for half-year ending (ie 30 June or 31 December):	<input type="text"/>
Total number of "Statement of Unclaimed Superannuation Benefit" forms attached:	<input type="text"/>
Total member benefits transferred:	<input type="text" value="\$"/>

Payment may be made by cheques (made payable to the 'Receiver of Territory Monies') or EFT by arrangement.

PART C TRUSTEES DECLARATION

I declare that the information contained on this summary sheet and on all the individual Statement of Unclaimed Superannuation Benefit forms are complete and correct.

Signature of trustee or authorised person:	<input type="text"/>
Date:	<input type="text"/>
Full name:	<input type="text"/>
Position held:	<input type="text"/>

PLEASE NOTE:

An 'ETP Roll-over Statement: Industry Standard for Superannuation Payees' form is lodged for each member that the payment relates to.

TERRITORY REVENUE OFFICE