

Notice of re-contribution of COVID-19 early release amounts

When to use the form

Use this form to notify your super fund of re-contribution of COVID-19 early release superannuation amounts.

Only use this form when making personal contributions to be treated as a re-contribution of COVID-19 early release of superannuation amounts. These amounts will not count towards your non-concessional contributions cap.

This form must be provided to your super fund on or before the time when the contribution is made.

Completing this statement

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character per box.
- Place X in ALL applicable boxes.

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

Requirements

To meet the conditions of re-contributing COVID-19 early release amount, you must:

- have received COVID-19 early release superannuation amounts
- re-contribute the amounts between 1 July 2021 and 30 June 2030
- the total amount re-contributed cannot exceed the total amount released to you through COVID-19 early release, and
- you cannot claim a deduction in your income tax return for amounts you re-contribute on this form.

Section A: Your details
1 Tax file number (TFN)
This form is to help you provide details to your super fund. Your super fund is authorised to request your personal details, including your TFN, under the Superannuation Industry (Supervision) Act 1993, the Income Tax Assessment Act 1997 and the Taxation Administration Act 1953. It is not an offence not to provide your TFN. However, if you do not provide your TFN, and your super fund does not already hold your TFN, they will not be permitted to accept the contribution(s) covered by this notice. For more information about your privacy, contact the entity you are providing this form to.
2 Name
Title: Mr Mrs Miss Ms Other Miss
Family name Control of the page Control
First given name
Other given name
3 Date of birth
Day / Month / Year
4 Current postal address
Suburb/town/locality State/territory Postcode
Carety If a taid A A stalla only) (Australia only) (Australia only)
Country if outside Australia
5 Daytime phone number (include area code)

Section B: Super fund's details
The super fund to which the re-contribution of COVID-19 early release amounts is going to be paid.
6 Fund name
QANTAS SUPERANNUATION PLAN
7 Fund Australian business number (ABN) 4 7 0 0 3 8 0 6 9 6 0
8 Member account number
9 Unique superannuation identifier (USI) (if known) 4 1 2 7 2 1 9 8 8 2 9 4 0 1
Section C: Re-contribution details
10 Date of contribution Day / Month / Year
11 The amount to be treated as a re-contribution of COVID-19 early release of superannuation \$
Section D: Declaration
This form has a declaration for you to state the information in it is true and correct. Review the information before you sign the declaration. If you provide false or misleading information, or fail to take reasonable care, you may be liable to administrative penalties imposed by taxation law.
I declare that: ■ I received COVID-19 early release superannuation amounts
 the amount re-contributed in this notice, in addition to any previous re-contributed amounts, is not more than the total of my COVID-19 early release amounts. this form was given to my super fund on or before the time the recontribution was made. the information given on this notice is true and correct.
COVID-19 early release amounts. ■ this form was given to my super fund on or before the time the recontribution was made.
COVID-19 early release amounts. ■ this form was given to my super fund on or before the time the recontribution was made. ■ the information given on this notice is true and correct.
COVID-19 early release amounts. ■ this form was given to my super fund on or before the time the recontribution was made. ■ the information given on this notice is true and correct.
COVID-19 early release amounts. It is form was given to my super fund on or before the time the recontribution was made. It information given on this notice is true and correct. Name (Print in BLOCK LETTERS)
 COVID-19 early release amounts. ■ this form was given to my super fund on or before the time the recontribution was made. ■ the information given on this notice is true and correct. Name (Print in BLOCK LETTERS) Signature
 COVID-19 early release amounts. ■ this form was given to my super fund on or before the time the recontribution was made. ■ the information given on this notice is true and correct. Name (Print in BLOCK LETTERS) Signature Date

information to us.