






Release authority statement

10 September 2019

You must:

-  complete section B **and** if required section C
-  sign and date the declaration (section E) that applies to you, and
-  send the completed statement **without a cover sheet** by mail or fax:

mail to

Australian Taxation Office
PO Box 3578
ALBURY NSW 2640

OR fax individually to
1300 139 011

Completing this form

- Print clearly, using a BLACK pen only.
Use BLOCK LETTERS and print one character per box.

S	M	I	T	H		S	T			
---	---	---	---	---	--	---	---	--	--	--

- Place **X** in ALL applicable boxes.

You must return this statement to us within 20 business days of the issue date on the enclosed letter.

Section A: Member details

- | | | |
|---|----------------------------------|------------------------|
| 1 | Title | MR |
| 2 | Family name | PHELAN |
| 3 | First given name | EDWARD |
| 4 | Member TFN | 490732357 |
| 5 | Member account number | |
| 6 | Member identifier number | |
| 7 | Unique superannuation identifier | |
| 8 | Year of assessment | 2017 - 18 |
| 9 | Payment reference number | 5510 0490 7323 5734 11 |

Section B: **Details of payment**

Complete this section detailing the amount paid and if required the amount unable to be released from your member's super interest.

The amount to be paid to the ATO is \$ 3,145.95

- 10 Amount paid** \$, 3 , 1 4 6 . 0 5
- 11 Date amount paid** Day Month Year
 / /
- 12 Amount unable to be released** \$, , .
- (Complete section C if there is an amount unable to be released)

718860518

Complete this section if you cannot pay the full amount from your member's super interests.

☐ The member does not have sufficient funds available or no longer has any super interests within this fund.

The member has funds available, though cannot be released due to the interest being a defined benefit interest.

14 Super fund name PHELAN FAMILY SUPERANNUATION FUND

15 Super fund ABN 95454328215

Complete the declaration that applies to you.

! Penalties may be imposed for giving false or misleading information.

TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION

I declare that:

- the information contained in the statement is true and correct
- where an amount has been paid, it has been released from account(s) held by the member.

Name (Print in BLOCK LETTERS)

[illegible]

Signature

--

Date _____

Day

Month

Year

/ /

Contact number

[illegible]

OR

AUTHORISED REPRESENTATIVE DECLARATION

I, the authorised representative of the super provider, declare that:

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

Name (Print in BLOCK LETTERS)

S H O N A S H E R M A N

Signature



Date _____

Dev

Month

Year

16 / 09 / 2019

Contact number

0	1	3	2	8	6	1	3	2	2					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

Tax agent number
(if applicable)

2 4 8 0 5 9 3 1

Privacy

The ATO is a government agency bound by the *Privacy Act 1988* in terms of collection and handling of personal information and tax file numbers (TFNs). For further information about privacy law notices please go to ato.gov.au/privacy