



MISUMI SUPERANNUATION FUND  
17 LORIS WAY  
KARDINYA WA 6163

Our reference: 7110809372135

Phone: 13 10 20

ABN: 67 769 856 979

14 June 2019

## Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for PAUL COOK due to Division 293 due and payable. They have requested that \$3,750.00 be released from their superannuation account. The released amount is to be paid to the ATO.

### NEED HELP?

If you have any questions, please phone **13 10 20** between 8:00am and 6:00pm, Monday to Friday.

### What you need to do

MISUMI SUPERANNUATION FUND is required within 20 business days of the date of this letter to:

- › make a payment to us of the lesser of either:
  - \$3,750.00 or
  - the sum of all available release amounts for each super interest held by you for PAUL COOK.
- › If you can't release the full amount, please specify your reason, and
- › return the enclosed statement to us.

Yours faithfully,  
**Grant Brodie**  
Deputy Commissioner of Taxation

## HOW TO PAY

When you make a payment you need to specify which accounts you're paying by using the payment reference details below. We offer a range of convenient payment options. You can visit our website [ato.gov.au/howtopay](https://ato.gov.au/howtopay) for all payment options.

### BPAY®



**Billers code:** 75556

**Your payment reference number (PRN) is:**  
5510 0627 8373 9859 11

### CREDIT CARD

Pay online with your credit card at [ato.gov.au/howtopay](https://ato.gov.au/howtopay)

To pay by phone, call the Government EasyPay service on **1300 898 089**.

A card payment fee will apply

**Your payment reference number (PRN) is:**  
5510 0627 8373 9859 11

### DIRECT CREDIT

**BSB:** 093003

**Account number:** 316385

**Account name:** ATO Direct Credit Account

**Your payment reference number (PRN) is:**  
5510 0627 8373 9859 11



**Release authority statement**

14 June 2019

**How to complete this statement**

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.

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- Place  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** DR
- 2 Family name** COOK
- 3 First given name** PAUL
- 4 Member TFN** 627837398
- 5 Member account number** 1
- 6 Member identifier number**
- 7 Unique superannuation identifier**
- 8 Year of assessment** 2017 - 18
- 9 Payment reference number** 5510 0627 8373 9859 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 \$ 3,750.00

**10 Amount paid** \$ , 3, 750. 00

Day                      Month                      Year

/  /

**11 Date amount paid**

**12 Amount unable to be released** \$ , , .

(Complete section C if there is an amount unable to be released)

