

- Եվիլակիարիադրիրիլովի-իկոկիրիվի-իսկերդին

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.

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

NEED HELP?

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

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** for all payment options.

BPAY®



Biller 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

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



Authority to release benefits due to Division 293 due and payable

Release authority statement

14 June 2019

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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 toORfax individually toAustralian Taxation Office1300 139 011

PO Box 3578 ALBURY NSW 2640

Completing this form

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

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■ 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 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
- 12 Amount unable to be released (Complete section C if there is an amount unable to be released)

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Section C: Reason for not releasing money
Complete this section if you cannot pay the full amount from your member's super interests.
13 Reason for non-release or partial release (Place an in the applicable box)
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.
Section D: Super fund details
14 Superfund name MISUMI SUPERANNUATION FUND
15 Super fund ABN 67769856979
Section E: Declaration
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)
PAUL BRIAN COOK
Signature Date
Day Month Year
Contact number
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)
Signature
Date Day Month Year
Contact number (if applicable)
Privacy The ATO is a government agency bound by the <i>Privacy Act 1988</i> 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

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