



Australian Government  
Australian Taxation Office

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

### Release authority statement

25 June 2020

#### 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

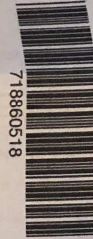
- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

8	7	1	7	#	8	7				
---	---	---	---	---	---	---	--	--	--	--

- Place  in ALL applicable boxes.

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

718860518



### Section A: Member details

1 Title	MR
2 Family name	BOUCHER
3 First given name	ANTHONY
4 Member TFN	630358914
5 Member account number	SMSF112944696354
6 Member identifier number	
7 Unique superannuation identifier	
8 Year of assessment	2018 - 19
9 Payment reference number	5510 0630 3589 1449 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

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)  
\$

**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 Super fund name** THE TRUSTEE FOR AR AND EM BOUCHER SUPER FUND

**15 Super fund ABN** 26304968662

**Section E: Declaration**

Complete the declaration that applies to you.

**1** 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)

ANTHONY ROSS BOUCHER

Signature

*A.L. Boucher*

Date

Day: 06 / Month: 07 / Year: 2020

Contact number 0418342854

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

Tax agent number (if applicable)

**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](http://ato.gov.au/privacy)