



THE TRUSTEE FOR SUPER STONES
SUPERANNUATION FUND
PO BOX 24
CLEVELAND QLD 4163

Our reference: 7115114448605

Phone: 13 10 20

ABN: 20 320 989 463

26 March 2020

Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for MICHAEL STONE 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

THE TRUSTEE FOR SUPER STONES 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 MICHAEL STONE.
- › If you can't release the full amount, please specify your reason, and
- › return the enclosed statement to us.

Need help

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

Yours faithfully,
Grant Brodie
Deputy Commissioner of Taxation

PAY NOW

**Your payment reference
number (PRN) is:**
551004203613363511

BPAY®



Bill code: 75556
Ref: 551004203613363511

Telephone & Internet Banking - BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit or credit card account. More info: www.bpay.com.au

CREDIT OR DEBIT CARD

Pay online with your credit or debit card at www.governmenteasypay.gov.au/PayATO or phone **1300 898 089**. A card payment fee applies.

OTHER PAYMENT OPTIONS

For other payments options, visit ato.gov.au/paymentoptions



Release authority statement

How to complete this statement

- 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:

Australian Taxation Office
PO Box 3578
ALBURY NSW 2640

Completing this form

- S M I T H S T

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



1	Title	MR
2	Family name	STONE
3	First given name	MICHAEL
4	Member TFN	420361336
5	Member account number	SMSF114509079815
6	Member identifier number	
7	Unique superannuation identifier	
8	Year of assessment	2018 - 19
9	Payment reference number	5510 0420 3613 3635 11

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

10 Amount paid \$. . .

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)

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 X 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 SUPER STONES SUPERANNUATION FUND

15 Super fund ABN 20320989463

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)

XX

Signature

Date
Day / Month / Year
XX / XX / XXXX

Contact number XXXXXXXXXXXXXXXXXX

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)

XX

Signature

Date
Day / Month / Year
XX / XX / XXXX

Contact number XXXXXXXXXXXXXXXXXX

Tax agent number (if applicable) XXXXX XX

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