



Authority to release benefits due to excess non-concessional contributions

Release authority statement

28 September 2022

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 139 024

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 | MR | |
| 2 | Family name | NORMOYLE | |
| 3 | First given name | THOMAS | |
| 4 | Member TFN | 258500970 | |
| 5 | Member account number | SMSF113264642211 | |
| 6 | Member identifier number | | |
| 7 | Unique superannuation identifier | | |
| 8 | Year of assessment | 2020 - 21 | |
| 9 | Payment reference number | 5510 0258 5009 7040 91 | |

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 \$ 109,010.85

- 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 ☒ 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 NORMOYLE SUPERANNUATION FUND

15 Super fund ABN 49150492715

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)

THOMAS NORMOYLE

Signature

Thomas Normoyle

Date

Day Month Year
06 / 10 / 2022

Contact number 0433666756

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