



THE TRUSTEE FOR TC & JA MCMAHON
SUPERANNUATION FUND
C/- HW ONE PTY LTD
PO BOX 8406
WOOLLOONGABBA QLD 4102

Our reference: 7114913592927

Phone: 13 10 20

ABN: 23 340 399 550

10 March 2020

Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for TERENCE MCMAHON 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 TC & JA MCMAHON 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 TERENCE MCMAHON.
- › 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:**
551001838119354611

BPAY®



Bill code: 75556
Ref: 551001838119354611

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 | MCMAHON |
| 3 | First given name | TERENCE |
| 4 | Member TFN | 183811935 |
| 5 | Member account number | SMSF113514147572 |
| 6 | Member identifier number | |
| 7 | Unique superannuation identifier | |
| 8 | Year of assessment | 2018 – 19 |
| 9 | Payment reference number | 5510 0183 8119 3546 11 |

Section B: Details of payment

The amount to be paid to the ATO is \$ 3,750.00

- 30

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 TC & JA MCMAHON SUPERANNUATION FUND

15 Super fund ABN 23340399550

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)

Form for Name (Print in BLOCK LETTERS)

Signature

Form for 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)

Form for Name (Print in BLOCK LETTERS)

Signature

Form for 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