



THE TRUSTEE FOR NICOLA AND CATERINA
VALENZISI SUPERANNUATION FUND
PO BOX 1562
PORT ADELAIDE SA 5015

Our reference: 7112345479095

Phone: 13 10 20

ABN: 97 118 771 711

10 September 2019

Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for NICOLA VALENZISI due to Division 293 due and payable. They have requested that \$2,560.50 be released from their superannuation account. The released amount is to be paid to the ATO.

NEED HELP?

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

What you need to do

NICOLA AND CATERINA VALENZISI 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:
 - \$2,560.50 or
 - the sum of all available release amounts for each super interest held by you for NICOLA VALENZISI.
- › 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

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 0588 2386 4654 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 0588 2386 4654 11

DIRECT CREDIT

BSB: 093003

Account number: 316385

Account name: ATO Direct Credit Account

Your payment reference number (PRN) is:
5510 0588 2386 4654 11



Australian Government
Australian Taxation Office

Authority to release benefits due to Division 293 due and payable

Release authority statement

10 September 2019

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.

S M I T H S T

- 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 | VALENZISI |
| 3 First given name | NICOLA |
| 4 Member TFN | 588238646 |
| 5 Member account number | 2 |
| 6 Member identifier number | |
| 7 Unique superannuation identifier | |
| 8 Year of assessment | 2017 - 18 |
| 9 Payment reference number | 5510 0588 2386 4654 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 \$ 2,560.50

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)
\$, , .

Complete this section if you cannot pay the full amount from your member's super interests.

☐ 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.

14 Super fund name	NICOLA AND CATERINA VALENZISI SUPERANNUATION FUND
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15 Super fund ABN 97118771711

Complete the declaration that applies to you.

⚠ Penalties may be imposed for giving false or misleading information.

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)

[illegible]

Signature

Date _____

Day

Month

Year

□ □ □ / □ □ □ / □ □ □ □ □

Contact number

[illegible]

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)

[illegible]

Signature

Date

Day

Month

Year

□ □ □ □ / □ □ □ □ / □ □ □ □ □ □

Contact number

[illegible]

Tax agent number
(if applicable)

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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