



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

Our reference: 7115181700312

Phone: 13 10 20

ABN: 97 118 771 711

31 March 2020

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 \$2,467.50 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

NICOLA AND CATERINA VALENZISI ITF 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:
 - \$2,467.50 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.

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:
551005882386465411

BPAY®



Bill code: 75556
Ref: 551005882386465411

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

31 March 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.

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** SMSF114259948870

6 **Member identifier number**

7 **Unique superannuation identifier**

8 **Year of assessment** 2018 - 19

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 \$ 2,467.50

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)

