



THE TRUSTEE FOR THE ARMSTRONG
SUPERANNUATION FUND
SE 201 30 FISHER RD
DEE WHY NSW 2099

Our reference: 7118375317091

Phone: 13 10 20

ABN: 66 464 866 741

23 September 2020

Authority to release benefits due to excess non-concessional contributions

Dear Trustee,

This is an authority to release benefits for WENDY ARMSTRONG due to excess non-concessional contributions. They have requested that \$152,762.70 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

THE ARMSTRONG 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:
 - \$152,762.70 or
 - the sum of all available release amounts for each super interest held by you for WENDY ARMSTRONG.
- › If you can't release the full amount, please specify your reason, and
- › return the enclosed statement to us.

You don't need to amend the contributions report you provided for this member in your SMSF annual return or member contributions statement. Releasing this benefit doesn't change the contributions that led to the excess.

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:
551005654958582591

BPAY®



Bill code: 75556
Ref: 551005654958582591

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



- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S M I T H S T

- Place χ in ALL applicable boxes.



718860518

1	Title	MRS
2	Family name	ARMSTRONG
3	First given name	WENDY
4	Member TFN	565495858
5	Member account number	1
6	Member identifier number	
7	Unique superannuation identifier	
8	Year of assessment	2018 – 19
9	Payment reference number	5510 0565 4958 5825 91

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

/ /

\$. . .

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 ARMSTRONG SUPERANNUATION FUND

15 Super fund ABN 66464866741

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)

20 character input field for Name

Signature

Signature input field

Date input field (Day, Month, Year)

Contact number 10 character input field

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)

20 character input field for Name

Signature

Signature input field

Date input field (Day, Month, Year)

Contact number 10 character input field

Tax agent number (if applicable) 5 character input field

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