

Our reference: 7122151002037 Phone: 13 10 20 ABN: 24 859 927 269 3 June 2021

Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for BRETT LOGAN due to Division 293 due and payable. They have requested that \$3,749.95 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

THE TRUSTEE FOR B & K LOGAN SUPER FUND is required within 20 business days of the date of this letter to:

- make a payment to us of the lesser of either:
 - \$3,749.95 or
 - the sum of all available release amounts for each super interest held by you for BRETT LOGAN.
- > 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 (MCS). Releasing this benefit doesn't change the contributions you previously reported.

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: 551004888033558211

BPAY[®]



Biller code: 75556 Ref: 551004888033558211

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 payment options, visit **ato.gov.au/paymentoptions**

A Carta	Australian Government
and the second second	Australian Taxation Office

Authority to release benefits due to Division 293 due and payable

Release authority statement

3 June 2021

sign and date the de	t his statement and if required section C eclaration (section E) that applies to you, and statement without a cover sheet by mail or fax:	
mail to Australian Taxation Of PO Box 3578 ALBURY NSW 2640	OR fax individually to ffice 1300 139 024	
Completing this for Print clearly, using a l Use BLOCK LETTER SM/T/H Place X in ALL app	BLACK pen only. RS and print one character per box.	718860
enclosed letter.	statement to us within 20 business days of the issue date on the	518
Section A: Me	ember details	
1 Title	MR	
0 Family same	LOGAN	

2	Family name	LOGAN					
3	First given name	BRETT					
4	Member TFN		4888	03355			
5	5 Member account number		SMSF115169519262				
6	Member identifier	number					
7	Unique superannu	ation identifier					
8	Year of assessme	nt	2017	- 18			
9	Payment reference	e number	5510	0488	8033	5582	11

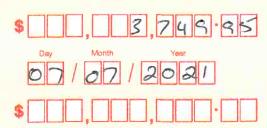
Section B: Details of payment

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 \$ 3,749.95

10 Amount paid

- 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 χ 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 B & K LOGAN SUPER FUND
15 Super fund*ABN 24859927269
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)
BRETTRAYMONDLOGAN
Signature
Date Day Month Year
07/07/2021
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)
Signature
Date
Day Month Year
Contact number Tax agent number (if applicable)
Privacy The ATO is a government agency bound by the <i>Privacy Act 1988</i> 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