



001820



THE TRUSTEE FOR JAMIESON SUPER FUND
PO BOX 1777
WOLLONGONG DC NSW 2500

Our reference: 712223789854

Phone: 13 10 20

ABN: 30 701 171 832

9 June 2021

Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for MATTHEW JAMIESON due to Division 293 due and payable. They have requested that \$2,618.00 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

THE TRUSTEE FOR JAMIESON 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:
 - \$2,618.00 or
 - the sum of all available release amounts for each super interest held by you for MATTHEW JAMIESON.
- › 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 account transaction service (MATS). 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:
551001499373170611

BPAY®



Bill code: 75556
Ref: 551001499373170611

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



Australian Government
Australian Taxation Office

Authority to release benefits due to Division 293 due and payable

Release authority statement

9 June 2021

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 139 024

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 **X** 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

- Title MR
- Family name JAMIESON
- First given name MATTHEW
- Member TFN 149937317
- Member account number SMSF115727617774
- Member identifier number
- Unique superannuation identifier
- Year of assessment 2019 - 20
- Payment reference number 5510 0149 9373 1706 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 \$ 2,618.00

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)
\$, , .

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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 THE TRUSTEE FOR JAMIESON SUPER FUND

15 Super fund ABN 30701171832

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)

[illegible]

Signature

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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

		/			/				
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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