



THE TRUSTEE FOR SUPERNOVA FUND  
62 SECOND AV  
MOANA SA 5169

Our reference: 7124295690153

Phone: 13 10 20

ABN: 61 692 750 024

6 September 2021

## Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for ALAN NOVAK due to Division 293 due and payable. They have requested that \$2,274.10 be released from their superannuation account. The released amount is to be paid to the ATO.

### What you need to do

THE TRUSTEE FOR SUPERNOVA FUND is required within 20 business days of the date of this letter to:

- › make a payment to us of the **lesser** of either:
  - \$2,274.10 or
  - the sum of all available release amounts for each super interest held by you for ALAN NOVAK.
- › 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:**  
551004309729751811

BPAY®



**Billers code:** 75556  
**Ref:** 551004309729751811

#### 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](http://www.bpay.com.au)

#### CREDIT OR DEBIT CARD

Pay online with your credit or debit card at [www.governmenteasypay.gov.au/PayATO](http://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](http://ato.gov.au/paymentoptions)



**Release authority statement**

6 September 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

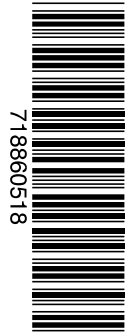
**Completing this form**

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

S M I T H S T

- Place  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** NOVAK
- 3 First given name** ALAN
- 4 Member TFN** 430972975
- 5 Member account number** SMSF115758231453
- 6 Member identifier number**
- 7 Unique superannuation identifier**
- 8 Year of assessment** 2019 - 20
- 9 Payment reference number** 5510 0430 9729 7518 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 \$ 2,274.10

**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)

## 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  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 SUPERNOVA FUND

**15 Super fund ABN** 61692750024

## 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)

Signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact number

Tax agent number (if applicable)

### 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](http://ato.gov.au/privacy)