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<u>Կվահեկակաբիկիիկիելներկակին «եկենիկը</u>

HENRY SUPERANNUATION FUND PO BOX 163 CHERRYBROOK NSW 2126

Our reference: 7109659577081

Phone: 13 10 20

ABN: 39 363 492 268

5 February 2019

Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for HYLTON HENRY due to Division 293 due and payable. They have requested that \$3,377.75 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

HENRY 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:
 - \$3,377,75 or
 - the sum of all available release amounts for each super interest held by you for HYLTON HENRY.
- If you can't release the full amount, please specify your reason, and
- return the enclosed statement to us.

Yours faithfully, Grant Brodie Deputy Commissioner of Taxation

NEED HELP?

If you have any questions, please phone 13 10 20 between 8:00am and 6:00pm, Monday to Friday.



HOW TO PAY

When you make a payment you need to specify which accounts you're paying by using the payment reference details below. We offer a range of convenient payment options. You can visit our website ato.gov.au/howtopay for all payment options.

BPAY®



Biller code: 75556

Your payment reference number (PRN) is: 551003813220679611

CREDIT CARD

Pay online with your credit card at ato.gov.au/howtopay

To pay by phone, call the Government EasyPay service on 1300 898 089.

A card payment fee will apply

Your payment reference number (PRN) is: 551003813220679611

DIRECT CREDIT

BSB: 093003

Account number: 316385

Account name: ATO Direct

Credit Account

Your payment reference number (PRN) is: 551003813220679611



Authority to release benefits due to Division 293 due and payable

Release authority statement

5 February 2019

Yo a a a s	ow to complete this u must: complete section B and sign and date the declar send the completed states.	if required section ation (section E) the	at applies to you, cover sheet by ma	ill or fax:			
mail to Australian Taxation Office PO Box 3578 ALBURY NSW 2640			OR	fax individually to 1300 139 011			
≅ F ≋ U	Ompleting this form Print clearly, using a BLA Use BLOCK LETTERS a	nd print one charac	cter per box.				718860518
æ F	Place $oldsymbol{\mathcal{X}}$ in ALL applical	ole boxes.					1886
	u must return this state closed letter.	ement to us withir	n ²⁰ busines	s days of the issue	1、《李光光·李宗》作" _{我是} 为 _是 "。1		0518
S	ection A: Men	nber detail	S		a vista li il		2000
1	Title	MR					
2	Family name	HENRY					
3	First given name	HYLTON					
4	Member TFN		38132206	7			
5	Member account	number	2				
6	Member identifier	number					
7	Unique superannu	ation identifier					
8	Year of assessmen	nt	2017 - 1	8			
9	Payment reference	e number	55100381	3220679611			
Se	ection B: Deta	ils of pavn	nent	· ·	ang dipagan ang kanang kan Kanang kanang kanan	Walter Control of the Control of th	***************************************
Coi	mplete this section de mber's super interest.			red the amount un	able to be relea	ased from yo	our
The	e amount to be paid	I to the ATO is \$	3,377.75				
10	Amount paid		\$,	th Your	•		
den den	Date amount paid			th Year			
12	Amount unable to	be released	«		. [] []		



(Complete **section C** if there is an amount unable to be released)

Carling C. Passer for not volonoing money
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 HENRY SUPERANNUATION FUND
15 Super fund ABN 39363492268
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
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 (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

Sensitive (when completed)

ato.gov.au