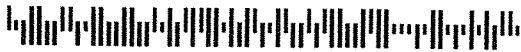




F 000831



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.

### NEED HELP?

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

### 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



## 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](http://ato.gov.au/howtopay) for all payment options.

### BPAY®



**Billers code:** 75556

**Your payment reference number (PRN) is:**  
551003813220679611

### CREDIT CARD

Pay online with your credit card at [ato.gov.au/howtopay](http://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



Release authority statement

5 February 2019

**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 139 011

**Completing this form**

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

S M / T H [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

- 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 HENRY  
3 First given name HYLTON  
4 Member TFN 381322067  
5 Member account number 2  
6 Member identifier number  
7 Unique superannuation identifier  
8 Year of assessment 2017 - 18  
9 Payment reference number 551003813220679611

**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 \$ 3,377.75

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)

