



000250



THE TRUSTEE FOR LINDSAY FORD
SUPERANNUATION FUND
PO BOX 1935
BUNDABERG QLD 4670

Our reference: 7123961763064
Phone: 13 10 20
ABN: 63 350 570 603
23 August 2021

Authority to release benefits due to excess non-concessional contributions

Dear Trustee,

This is an authority to release benefits for LINDSAY FORD due to excess non-concessional contributions. They have requested that \$30,811.45 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

LINDSAY FORD 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:
 - \$30,811.45 or
 - the sum of all available release amounts for each super interest held by you for LINDSAY FORD.
- > 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:
551004812791521491

BPAY®



Billers code: 75556
Ref: 551004812791521491

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





Authority to release benefits due to excess non-concessional contributions

Release authority statement

23 August 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

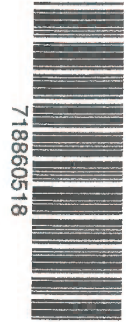
Completing this form

- 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	FORD
3 First given name	LINDSAY
4 Member TFN	481279152
5 Member account number	SMSF115199856665
6 Member identifier number	
7 Unique superannuation identifier	
8 Year of assessment	2017 - 18
9 Payment reference number	5510 0481 2791 5214 91

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 \$ 30,811.45

10 Amount paid \$, 30, 811 . 45

Day Month Year

11 Date amount paid / / 20 / 09 / 2021

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 LINDSAY FORD SUPERANNUATION FUND

15 Super fund ABN 63350570603

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)

L I N D S A Y R O S S F O R D

Signature



Date
Day Month Year
20 / 09 / 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 *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