

→ 000795

THE TRUSTEE FOR LINDSAY FORD SUPERANNUATION FUND PO BOX 1935 BUNDABERG QLD 4670 Our reference: 7128292206479

Phone: 13 10 20

ABN: 63 350 570 603

1 April 2022

Authority to release benefits due to excess non-concessional contributions

Dear Trustee,

This is an authority to release benefits for ALISON FORD due to excess non-concessional contributions. They have requested that \$172,421.30 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

THE TRUSTEE FOR 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:
 - \$172,421,30 or
 - the sum of all available release amounts for each super interest held by you for ALISON 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 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: 551004782023135591

BPAY®



Biller code: 75556 Ref: 551004782023135591

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

1 April 2022

How	to	comp	lete	this	statem	ent
	-					

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

fax individually to

1300 139 024

Australian Taxation Office PO Box 3578 ALBURY NSW 2640

Completing this form

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

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⊕ 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

MRS

Family name

FORD

First given name ALISON

Member TFN

478202313

Member account number

SMSF115199856678

- Member identifier number
- Unique superannuation identifier

8 Year of assessment 2018 - 19

Payment reference number

5510 0478 2023 1355 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 \$172,421.30

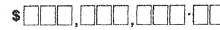
10 Amount paid



11 Date amount paid



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



	on for not rele		ther interacte		
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.					
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Section D: Supe	r fund details	Ansaidh eannach dhàinn dhon airth ann de Airm an deilleach an dhèireadh an tha a tar ta na cum dh'im an dao an dheacadh	Amerika - iku ninganbahki katawa sa Marika sa katawa nji nga makaza patawa nji na pasa pagala nga nga nji nga m	dimension.	
14 Super fund name	THE TRUSTEE F	OR LINDSAY FORD S	SUPERANNUATION FUND		
45 Comes found ADM	(2250570602				
15 Super fund ABN	63350570603				
Section E: Decla	ration	atamaki dan manya manahatini Timurunan ayanan dan samaya tayan salah ya sama tau un dan yata yina ayana			
Complete the declaration	on that applies to you.				
Penalties may be impose	ed for giving false or mislea	ading information.			
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the information contained in					
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the authorised representative					
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Authority to release benefits due to excess non-concessional contributions

Release authority statement

1 April 2022

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Place X in ALL applicable boxes.

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Title

MRS

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First given name ALISON

Member TFN

478202313

Member account number

SMSF115199856678

- Member identifier number
- Unique superannuation identifier

Year of assessment

2018 - 19

Payment reference number

5510 0478 2023 1355 91

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The amount to be paid to the ATO is \$172,421.30

10 Amount paid

11 Date amount paid

12 Amount unable to be released

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



	son for not releasing money					
	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.						
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The member has f	funds available, though cannot be released due to the interest being a defined benefit interest.					
Section D: Supe	er fund details					
14 Super fund name	THE TRUSTEE FOR LINDSAY FORD SUPERANNUATION FUND					
15 Super fund ABN	63350570603					
Section E: Decl a	aration					
Complete the declarat	tion that applies to you.					
Penalties may be impo	osed for giving false or misleading information.					
	R AUTHORISED OFFICER DECLARATION					
declare that:						
	d in the statement is true and correct sen paid, it has been released from account(s) held by the member.					
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