

THE TRUSTEE FOR S & W PERERA FAMILY SUPERANNUATION FUND 32 SCHAFTER DR DONCASTER EAST VIC 3109



Australian Government
Australian Taxation Office

Our reference: 7136794721440

Phone: 13 10 20

ABN: 98 895 618 772

27 February 2023

Authority to release benefits due to Division 293 due and payable

Dear Trustee.

This is an authority to release benefits for SURAJ PERERA due to Division 293 due and payable. They have requested that \$1,963.55 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

THE TRUSTEE FOR S & W PERERA FAMILY 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:
 - \$1,963,55 or
 - the sum of all available release amounts for each super interest held by you for SURAJ PERERA.
- > 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: 551002137174578811

BPAY®



Biller code: 75556 Ref: 551002137174578811

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

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Release authority statement

	pod stosou	27 February 2023		
H	low to complete this statement			
	ou must: complete section B and if required section C	IN SIX of our contain set to play the or supply to the contains and the co		
-	sign and date the declaration (section F) that	applies to you and		
=	send the completed statement without a cov	ver sheet by mail or fax:		
	nail to Australian Taxation Office	OR fax individually to		
F	O Box 3578	1300 139 024 May 1		
	LBURY NSW 2640	· 有為因为		
C	ompleting this form Print clearly, using a BLACK pen only.			
	Use BLOCK LETTERS and print one characte	er per box		
	8 M 1 T H 8 T	THE PARTY OF THE P		
	Place X in ALL applicable boxes.	718		
Yo	ou must return this statement to us within	business days of the issue date on the		
er	closed letter.	business days of the issue date on the		
		and former is gallegisted as each princip our personal services a		
S	Section A: Member details			
1	Title DR	CONTROL DATA RELIE OF TRETTERED SAFETY CONTROL OF THE CONTROL OF T		
2	Family name PERERA			
3	First given name SURAJ			
4	Member TFN	213717457		
5	Member account number			
6	Member identifier number	SMSF113836511278		
7				
	Unique superannuation identifier			
8	Year of assessment	2021 - 22		
9	Payment reference number	5510 0213 7174 5788 11 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40		
	917			
Se	ection B: Details of payme	ent		
Col	mplete this section detailing the amount pa	aid and if required the amount unable to be released from your		
me	mber's super interest.	arrount unable to be released from your		
The	amount to be paid to the ATO is \$	1,963.55		
10	Amount paid \$			
	Shell Shell			
11	Date amount paid	Day Month Year		
12	Amount unable to be released (Complete section C if there is an	The second secon		

amount unable to be released)



	idayaq bus esb E89 noisiviC			
Section C: Rea	son for not releasing money			
Complete this section if	you cannot pay the full amount from your member's super interests.			
13 Reason for non-r	elease or partial release (Place an X in the applicable box)			
	s 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: Sup	er fund details			
14 Super fund name	THE TRUSTEE FOR S & W PERERA FAMILY SUPERANNUATION FUND			
15 Super fund ABN	98895618772			
Section E: Dec	claration			
	ation that applies to you.			
	posed for giving false or misleading information.			
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION				
I declare that: ** the information contain	ned in the statement is true and correct			
	been paid, it has been released from account(s) held by the member.			
Name (Print in BLOCK L				
Signature	Date			
	Day Month Year Output			
Contact number				
OR STATE OF THE PROPERTY OF TH				
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 I	ETTERS)			
Signature Date Dey Month Year Tax agent number				
			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	

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