



THE TRUSTEE FOR TAYLOR FAMILY
SUPERANNUATION FUND
PO BOX 24
CLEVELAND QLD 4163

Our reference: 7112491652000

Phone: 13 10 20

ABN: 46 131 296 182

23 September 2019

Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for KEITH TAYLOR due to Division 293 due and payable. They have requested that \$133.65 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

TAYLOR 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:
 - \$133.65 or
 - the sum of all available release amounts for each super interest held by you for KEITH TAYLOR.
- › If you can't release the full amount, please specify your reason, and
- › return the enclosed statement to us.

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:**
551004797092218411

BPAY®



Bill code: 75556
Ref: 551004797092218411

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 payments options, visit ato.gov.au/paymentoptions



Release authority statement

23 September 2019

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

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

S M I T H S T

- Place χ in ALL applicable boxes.

You must return this statement to us within 20 business days of the issue date on the enclosed letter.



1	Title	MR
2	Family name	TAYLOR
3	First given name	KEITH
4	Member TFN	479709221
5	Member account number	TAYKEI00003A
6	Member identifier number	
7	Unique superannuation identifier	
8	Year of assessment	2017 - 18
9	Payment reference number	5510 0479 7092 2184 11

Complete this section detailing the amount paid and if required the amount unable to be released from your member's super interest.

10 Amount paid \$. . .

11 Date amount paid

Day Month Year

/ /

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 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 TAYLOR FAMILY SUPERANNUATIN FUND

15 Super fund ABN 46131296182

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)

XX

Signature

Date
Day / Month / Year
/ /

Contact number XXXXXXXXXXXXXXXXXX

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)

XX

Signature

Date
Day / Month / Year
/ /

Contact number XXXXXXXXXXXXXXXXXX

Tax agent number (if applicable) XXXXX XXX

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