



Section C: Superannuation fund details

Complete this section to provide the details of one or more super funds to release the amount stated in Option 1 or Option 2

7 Release details

Superannuation fund name

Form with 3 rows of 30 boxes each for entering the superannuation fund name.

Superannuation fund ABN

Form with 4 boxes for entering the superannuation fund ABN.

Unique superannuation identifier (if applicable)

Form with 12 boxes for entering the unique superannuation identifier.

Member account identifier

Form with 12 boxes for entering the member account identifier.

Amount to be released

Form for entering the amount to be released, starting with a dollar sign and followed by boxes for thousands, hundreds, tens, and cents.

Superannuation fund name

Form with 3 rows of 30 boxes each for entering the superannuation fund name.

Superannuation fund ABN

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Member account identifier

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Amount to be released

Form for entering the amount to be released, starting with a dollar sign and followed by boxes for thousands, hundreds, tens, and cents.

TOTAL AMOUNT TO BE RELEASED

Form for entering the total amount to be released, starting with a dollar sign and followed by boxes for thousands, hundreds, tens, and cents.

! For option 1 the total amount must equal the 'Amount to be released from your super fund(s)' stated on your determination, or the amount we advised you in a more recent letter was not successfully released from your super fund(s) and you could elect to release from another fund(s). For option 2 it must equal the amount of 'Excess non-concessional contributions tax' from your determination.



Section D: Declaration

Privacy

We are authorised by taxation law to collect information and to disclose it to other government agencies. You can find out more information about your privacy on our website ato.gov.au/privacy

Complete the declaration that applies to you

ACCOUNT HOLDER DECLARATION

- I declare that the information contained in this election form is true and correct.
- I acknowledge that this request is irrevocable.

Name (Print in BLOCK LETTERS)

Signature

Date

Day

Month

Year

 / /

Contact number

OR

LEGAL REPRESENTATIVE DECLARATION

I, the legal representative, declare that:

- I have prepared this document in accordance with the information supplied by the client
- I have received a declaration from the client stating that the information provided to me is true and correct
- I am authorised by the client to give this election form to the Commissioner
- The client who has supplied the information acknowledges this request is irrevocable.

Name (Print in BLOCK LETTERS)

Signature

Date

Day

Month

Year

 / /

Contact number

Tax agent number (if applicable)

Lodging this form

Complete form and return to:

Australian Taxation Office
PO BOX 3578
ALBURY NSW 2640

