

Retirement Scheme

Employment Termination Advice

Please complete in capital letters and in BLACK INK only

This form is to be completed by the Employer to advise the Retirement Scheme of a member's termination of employment. Please do not complete this form if employment ceased due to invalidity.

1. Employer details

Employer name	<input type="text"/>
Employer code	<input type="text"/>

2. Member details

Member no	<input type="text"/>	Payroll no	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)		
Family name	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>
Eligible service date	<input type="text"/>	/	<input type="text"/>
Scheme exit date	<input type="text"/>	/	<input type="text"/>
Reason employment ceased: (please tick only one)	<input type="checkbox"/> Resignation/Discharge/ Dismissal	<input type="checkbox"/> Retirement	<input type="checkbox"/> Death
	<input type="checkbox"/> Retrenchment/Redundancy (Please also complete Section 3A and 3B Retrenchment declarations)		
Full-time annual salary at Scheme exit date	\$	<input type="text"/>	
If employee was part-time, please provide attributed full-time salary	\$	<input type="text"/>	
Have all contributions for this member been paid?	<input type="radio"/> Yes	<input type="radio"/> No	
If 'No', please indicate when these are likely to be paid and	<input type="text"/>	/	<input type="text"/>
the amount to be paid	\$	<input type="text"/>	

Retrospective salary adjustments (If applicable)

We need you to give us revised salary figures where a member received a retrospective salary adjustment in the last 2-3 years' before exit and the adjustment would, if it had actually been paid from the date it was effective, have changed the member's superable salary figures you reported to us for the Annual Review Days of 31 December last year and the previous year. This information will enable us to correctly determine the benefit entitlements of members whose benefits are calculated on final average salary, which is the average of the exit salary and the salary payable at the two annual review days before exit.

Amended Salary for 31 December last year	\$	<input type="text"/>
Amended Salary for 31 December previous year	\$	<input type="text"/>



3A. Retrenchment Statutory Declaration (Complete this Section only if the former employee was retrenched)

I certify that the member has been retrenched on the following ground(s) as indicated.

1. The member's employment has been compulsorily terminated because:
 - The services of the member are no longer required and their position is not to be refilled.
 - The work for which the member was engaged has been completed.
 - The quantity of work has diminished and has resulted in a reduction in the number of employees.
2. The member has accepted an offer to terminate employment on one of the grounds specified above

AND I MAKE this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at

in the State of New South Wales

this (day) of (month) (year)

Name of authorised person (please print)

Position held

Signed Contact Phone No.

3B. Justice of the Peace/Solicitor Declaration (Complete this Section only if the former employee was retrenched)

Before me: Justice of the Peace Solicitor

Name

Signed Date (dd/mm/yyyy) / /

4. Employer declaration (Complete this Section in all cases)

I declare that I have fully read this form and the information is true and correct:

Name of authorised person (please print)

Position held

Signed Date (dd/mm/yyyy) / /

Contact Phone no. (inc. STD/ISD)

Where to send this form/enquiries

Local Government Super PO Box N835 Grosvenor Place NSW 1220 website: www.lgsuper.com.au	Employer Helpline: 1800 636 441 (8.30 am – 5.00 pm Mon – Fri) enquiries: employerservices@lgsuper.com.au
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DO NOT FAX OR EMAIL THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED

