

Use this form if **you're an employer** and want to advise of the termination of a Accumulation Scheme member's employment.

You can complete this form by typing directly onto it, or by using a black pen and CAPITAL letters. Use a (✓) to mark boxes.

1. EMPLOYER DETAILS

Employer name

Employer code

NOTE: Please don't use this form if employment ceased due to invalidity. Please contact us on 1300 547 873.

2. MEMBER DETAILS

Member no.

Date of birth
(DD MM YY)

Title (e.g. Ms)

Given name(s)

Family name

Payroll no.

Date employment commenced (DD MM YY)

Date employment ceased (DD MM YY)

Reason employment ceased

Resignation/Discharge/Dismissal

Retirement

Retrenchment/Redundancy

Death

Have all contributions for this member been paid?

Yes

No

If 'No', when are these likely to be paid? (DD MM YY)

Please select only ONE.

3. EMPLOYER DECLARATION

I declare that I have fully read this form and the information provided is true and correct.
I certify that I have obtained the necessary consent to disclose personal information to Active Super.

Name of authorised person

Position held

Signed Date (DD MM YY)

Contact phone no.

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220
Email admin@activesuper.com.au

Privacy Collection Statement

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