

EMPLOYMENT TERMINATION ADVICE RETIREMENT SCHEME

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

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NOTE: Please do not use this form if employment ceased due to invalidity.

1. EMPLOYER DETAILS

Employer name:

Employer code:

2. MEMBER DETAILS

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

Date of birth:

Payroll number:

Date employment commenced: Date employment ceased:

Please select only **one**.

Retrenchment/Redundancy
please complete **Section 3**.

IMPORTANT

Please ensure you read the Superable salaries section of the Employer guide and the Private use component of employer-provided motor vehicle fact sheet at activesuper.com.au/employers/tips-and-tools before providing salary information.

Reason employment ceased:

- ☐ Resignation/discharge/dismissal ☐ Retirement ☐ Age 70
☐ Retrenchment/redundancy ☐ Opt out (member 65 or older) ☐ Death

Annual superable salary at date employment ceased: \$

If employee was part-time, please advise equivalent full-time superable salary: \$

Have all contributions for this member been paid? ☐ Yes ☐ No

If 'No', when are these likely to be paid?

The contributions amount to be paid: \$

Type of contribution:

- ☐ Defined post-tax ☐ Defined pre-tax ☐ Award
☐ Top up post-tax ☐ Top up pre-tax ☐ Other (please specify)

Please provide revised salary figures if the member received a retrospective salary adjustment in the last two to three years before ceasing employment.

Retrospective salary adjustment (if applicable):

Amended salary for 31 December last year: \$

Amended salary for 31 December previous year: \$

VISION SUPER IS ONE OF AUSTRALIA'S OLDEST SUPER FUNDS.

We are an industry super fund, that has been supporting workers with super since 1947.

Our focus is improving your returns and keeping your administration fees and costs low to help you grow your retirement benefits.

Active Super is part of Vision Super.

continued over...

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Contact Centre: 1300 547 873

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Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the Local Authorities Superannuation Fund ABN 24 496 637 884

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3. RETRENCHMENT STATUTORY DECLARATION

Only complete this section if the former employee was retrenched.

AUTHORISED WITNESSES

Refer to page 3 for further details on authorised witnesses.

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

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
- ☐ 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
(Suburb/city/town):

in the State of:

Signature:

On date:

The person before whom the declaration is made should sign the first line and write their full name, qualification and address on the second line (in printed letters).

Before me,

I, (signature of
authorised witness):

Date:

Name and qualification
of authorised witness:

Address of
authorised witness:

4. EMPLOYER DECLARATION

I declare that I have fully read the important notes of this form and the information provided is true and correct and I certify that I have obtained the necessary consent to disclose personal information to the Fund:

Name of authorised person:

Position held:

Signature of authorised person:

Date:

Phone number:

This information is collected for the sole purpose of managing and paying superannuation benefits and entitlements and will be protected in accordance with the *Privacy Act 1988* and Vision Super's privacy policy, which is available on request or on the Fund's website.

SEND YOUR COMPLETED FORM BACK TO US VIA:

Mail PO Box 18041, Collins Street East, Melbourne VIC 8003
Please mail original documents as they are required for proof of identity.
Please **do not** email.

File upload Secure file upload at www.visionsuper.com.au/upload-documents/

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PEOPLE WHO ARE AUTHORISED WITNESSES:

- An Australia Post employee engaged on an ongoing basis with 5 or more years of continuous service
- A bank, building society, credit union or finance company officer with five or more years of continuous service
- Someone who has or is an authorised representative of a holder of an Australian financial services licence for over five years
- A police officer
- A nurse
- A Justice of the Peace
- A registrar or deputy registrar of a court
- An elected local council representative
- A senior officer of a council (ie a management role)
- A CPA or member of the National Institute of Accountants
- A medical practitioner (eg your doctor)
- A pharmacist
- A legal practitioner (solicitor)
- A full-time school teacher or teacher at a tertiary institute such as a university or TAFE

The *Statutory Declarations Regulation 2018* provides a list of who can certify your documents.

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MAKE SURE THE PERSON CERTIFYING YOUR DOCUMENTS HAS:

1. Seen both your original documents and the photocopies.
2. Written 'certified true copy' or stamped all pages of your photocopies.
3. Included their:
 - a. Signature and the date they signed and
 - b. Printed name and
 - c. Qualification to certify documents (eg Nurse or Australia Post employee, etc).

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PLEASE SEND YOUR CERTIFIED COPIES TO US BY POST:

PO Box 18041
Collins Street East
Melbourne Victoria 8003