

MEMBERSHIP TERMINATION ADVICE

Member Name: _____ Member Number: _____

Employer : _____

Phone/Mobile: _____ Fax: _____

Membership Termination Reason:

(tick appropriate box)

- Change of Employer & Fund Transfer
- Voluntary Fund Transfer
- Resignation/Termination/Retrenchment & 12 months unemployment
(please circle)
- Retirement State Date of Birth: _____
- Disability Attach Medical Certificate
- Death Attach Death Certificate

Payment Method:

Bank Account Details

Bank Name: _____
 Branch Name /BSB: _____
 Account Number: _____
 Account Name: _____

Cheque Payee & Address:

Signed: _____ (Member) Date: _____

To be completed by the employer:

I/We confirm that the above will cease to be employed with this company on the date specified and we can confirm that the company currently has no intention of re-employing.

YES/NO Last Date of Employment: _____

I /We confirm the Employer has not contributed more than 15% of the members Gross Salary:

YES/NO Members Monthly Gross Salary: K _____

Date of Final Contribution: _____ **Amount:** K _____

Signed: _____

Position: _____

Dated: _____

Company Stamp