

MEMBERSHIP TERMINATION ADVICE – PALM SUPA

Member Name: _____ Member Number: _____
 Employer : _____
 Reporting Centre: _____ Payroll number: _____
 Employer Phone: _____

Membership Termination Reason:

(tick appropriate box)

Resignation Retrenchment Termination
 Retirement Date of Birth if 55 years or over: _____
 Disability Attach Medical Certificate
 Death Attach Death Certificate

Payment Method:

(Tick appropriate box)

Direct deposit into Bank Account (Attach bank statement) Benefit to be sent to employer

Bank Account Details

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

Cheque Payee & Address:

Signed: _____ (Member) Date: _____

- **It is compulsory that the member provides their mobile number** _____

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 Annual Gross Salary: K _____

Date of First Deduction: _____

Total Amount: K _____

Date of Final Contribution: _____

(Member: K _____ Employer: K _____)

Signed: _____

Company Stamp/Seal

Position: _____

Dated: _____