

**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