Termination of defined benefit membership

To be completed by employers.

1800 005 166

 $\underline{info@caresuper.com.au}$

GPO Box 1547, Hobart TAS 7001

Important information														
You must complete this	form if your employee is a defined benefit member and they have:													
• reached the defined	benefit scheme exit age or													
• stopped working for	ou/ou													
	ping work due to terminal illness, or is unable to work due to illness or injury, please let us know in impact the tax applied to their benefits. Further information may be requested.													
Please provide salary in	formation so that we can calculate the end benefit payable to your employee.													
Section 1	Member number Account number													
Employee														
details	Date of birth (DD MM YYYY)													
	Last name													
Section 2 Reason for leaving the defined benefit fund	Given name(s)													
	Reaching the defined benefit fund exit age They're unable to work due to illness or injury Resignation Terminal illness Redundancy or retrenchment Death Retirement													
	Date defined benefit membership ceased (DD MM YYYY) Date last worked (DD MM YYYY)													
	This may be the date the member reached their exit age or the date employment ceased.													





Section 3	Final contributions to CareSuper on behalf of this member will be/were included with the contribution submitted for the period ending:															n								
Final contribution	Date (DD MM YYYY)																							
Section 4	Employer name																							
Employer details																								
	Phone Primary co											cor	ontact name											
	Email																							
Section 5	I'll be bound by the policies, procedures, trust deed and rules that govern CareSuper and the relevant law																							
Employer declaration	 I've disclosed all material information and the information provided by me is true and correct 																							
accialation	 I consent to the use of my personal information as outlined in CareSuper's Privacy policy available at <u>caresuper.com.au/privacy-policy</u> or by calling us on 1800 005 166 																							
	You should only sign this form if you're authorised to do so on behalf of the employer.																							
	Your signature														Date (DD MM YYYY)									
	Name																							
	Nume																						\neg	
	.																							
	Position																							



