Termination of defined benefit membership

1800 005 166 info@spiritsuper.com.au GPO Box 1547, Hobart TAS 7001

To be completed by employers.

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 you.

If your employee is stopping work due to terminal illness, or is unable to work due to illness or injury, please let us know in section two as this may impact the tax applied to their benefits. Further information may be requested.

ection 1 Employee	Member number Account number														
details	Date of birth (DD MM YYYY)														
	Last name														
	First name Middle name/s														
eason for eason for eaving the efined enefit fund	The employee is leaving the defined benefit fund as a result of: Reaching the defined benefit fund exit age They're unable to work due to illness or injury Resignation Terminal illness Redundancy or retrenchment Death 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														
	If the employee has been on leave without pay for longer than 30 days, please provide: Date leave commenced (DD MM YYYY) Date returned to work (DD MM YYYY)														
	Full-time salary at date of termination Part-time salary at date of termination (if app														
	\$ \$ \$														
	Hobart City Council/Launceston City Council defined benefits members only: Final average salary \$														



Section 3 Final contribution	Final c submi	tted f	for th	e peri	-	-		beh	alf c	of thi	s me	emb	er w	vill be	e/we	re in	oclud	ded [,]	with	the	con	tribu	ıtion	
Section 4 Employer details	Employer name Phone									Primary contact name														
	Email																							
Section 5 Employer declaration	 I'll be bound by the policies, procedures, trust deed and rules that govern Spirit Super and the relevant law I've disclosed all material information and the information provided by me is true and correct I consent to the use of my personal information as outlined in Spirit Super's <i>Privacy policy</i> available at spiritsuper.com.au/privacy-policy 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. 															at								
	Your signature Name															Date (DD MM YYYY)								





Position