

MEMBERSHIP TERMINATION ADVICE

Member Name:
Employer :
Phone/Mobile: _____

Member Number:
Fax: _____

Membership Termination Reason:

(tick appropriate Box)

- Change of Employer & Fund Transfer
- Voluntary Fund Transfer
- Resignation/Termination/Retrenchment & 12 months unemployment
(please circle)

Retirement
Disability
Death

State Date of Birth: _____
Attach Medical Certificate
Attach Death Certificate

Payment Method:

Bank Account: _____
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/ Annual Gross Salary: K _____

Date of Final Contribution: _____ Amount: K _____

Signed: _____

Position: _____

Dated: _____

INSERT COMPANY STAMP