

Benefit payment advice

EMPLOYER SPONSORED SUPERANNUATION PLAN

Please complete in blue or black ink, using BLOCK letters



Section 1 - Employer Details

The employer section must be completed by an authorised officer prior to this form being submitted.

Employer name

Employer number

Section 2 - Employee Details

Please be advised that the following employee member has: elected to rollover their benefit
 terminated employment with our company

Surname

Member number

Given name(s)

Date of birth

Postal address

Town/Suburb

Contact telephone number

State

Post code

Date of termination of employee (if applicable)

Select benefit Type: (✓)

- Resignation Retirement Member Choice
 Death Total & permanent disablement
 Other (Please Specify)

Please note: (✓)

- There are no outstanding contributions in respect of this member.
 Enclosed is a cheque for \$ being the final contribution for this member.

Section 3 - Authorisation

I hereby authorise calculation of a final account balance on behalf of the above member.

Signature of authorised officer(s)

Date