



FuturePlus Super

Employment Termination Advice

Please complete in capital letters and in BLACK INK only

This form is to be completed by the Employer to advise FuturePlus Super of a member's termination of employment. Please do not complete this form if employment ceased due to invalidity.

1. Employer details

Employer name	<input type="text"/>
Employer code	<input type="text"/>

2. Member details

Member no	<input type="text"/>	Payroll no	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)		
Family name	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>		
Eligible service date	<input type="text"/> / <input type="text"/> / <input type="text"/>	(date employment commenced)	
Fund exit date	<input type="text"/> / <input type="text"/> / <input type="text"/>	(date employment ceased)	
Reason employment ceased: (please tick only one)	<input type="checkbox"/> Resignation/Discharge/ Dismissal	<input type="checkbox"/> Retirement	
	<input type="checkbox"/> Retrenchment/Redundancy	<input type="checkbox"/> Death	
Have all contributions for this member been paid?	<input type="radio"/> Yes	<input type="radio"/> No	
If 'No', please indicate when these are likely to be paid	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)		

3. Employer declaration

I declare that I have fully read this form and the information is true and correct:	
Name of authorised person (please print)	<input type="text"/>
Position held	<input type="text"/>
Signed	<input type="text"/> Date (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
Contact Phone no. (inc. STD/ISD)	<input type="text"/>

Where to send this form/enquiries

FuturePlus Super PO Box N835 Grosvenor Place NSW 1220 website: www.futureplussuper.com.au	Phone: 1800 067 059 (8.30 am – 5.00 pm Mon – Fri) enquiries: employerservices@futureplussuper.com.au
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DO NOT FAX OR EMAIL THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED

