

Termination of employment form

Use this form: To advise SuperLife that an employee is leaving service. The form should be completed and sent to SuperLife as soon as the termination date is known. The employee does not need to leave before it is sent.

At the same time as this form is sent to SuperLife, the employee should be given the pamphlets "Options on leaving service" and "Benefit payment options".

It is important that the contact phone number for the employee is provided so that we can verify payment details with the employee.

Send completed form to SuperLife Limited.

SL00342 – 10.05.2016

SuperLife number

Employee details

Name:

Date of birth: / / (dd/mm/ccyy)

Phone: ()

Address:

Post code:

Email:

Bank account: - - -

Please enclose a bank deposit slip or other evidence of the bank account details.

Termination details

The above employee is leaving on / / (dd/mm/ccyy)

As a result of (tick one)

- | | | | |
|--------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Retirement | <input type="checkbox"/> Death | <input type="checkbox"/> Total & permanent disablement |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Disability/ill health | <input type="checkbox"/> Dismissal | <input type="checkbox"/> Other: <input type="text"/> |

Final contribution deductions

Date of final pay deductions: / / For pay period ending / /

Amount of final deductions: Member standard \$

Member voluntary \$

Employer subsidy (net of ESCT) \$

Authorised officer

I confirm that the employee has been given the pamphlets.

- ☐ Options on leaving service
- ☐ Benefit payment options

Name:

Position:

Employer name:

Contact phone number: ()

Your signature:

Date: / /