



An authorised officer must complete all sections and sign.

You can use this form to complete the details for up to six members. To ensure the benefit calculation includes all member and employer contributions to the date employment ceased, please attach to this request a cheque for any outstanding contributions. Please contact us for more information about benefit payments.

1 Plan details

Plan name	Plan reference

2 Member details

Name

Title			
Given name(s)			
Surname			
Member number			

Postal address

Street number and name			
Town/suburb			
State and postcode			
Daytime telephone	()	()	()
Date employment ceased	/ /	/ /	/ /
Last day actively at work	/ /	/ /	/ /
Annual salary	\$	\$	\$
Are there any further contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date contributions expected	/ /	/ /	/ /
Is this member the owner or director of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3 Benefit details

Left employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrenchment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total and permanent disablement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent incapacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional discretionary payment for money	%	%	%

4 Employer declaration

	X	/ /
Authorised officer's name	Authorised officer's signature (person signing must not be the member receiving the benefit)	Date



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4 Employer declaration

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