

Employer's Notification of Cessation of Member Employment

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Employer Details

Accountants Super Employer Number (if known)

Employer Business or Trading Name

Street / Unit Number

Street Name

Suburb / Town

State

Postcode

2. Cessation of Member Employment (Complete as many of the following Employee Details fields as required)

I hereby notify Accountants Super that the following employee/s have left my employ.

Employee 1

Surname

Title

Given Name

Accountants Super Member Number

Date Ceased Employment

Final Contribution paid?

Yes No

If Yes, date paid to Accountants Super

Final Pay Period End Date

Exit Reason (Please mark one only)

Resignation
 Retirement
 Total & Permanent Disablement
 Retrenchment
 Death
 Serious ill health (not Total & Permanent Disablement)

Other (please specify):

Employee 2

Surname

Title

Given Name

Accountants Super Member Number

Date Ceased Employment

Final Contribution paid?

Yes No

If Yes, date paid to Accountants Super

Final Pay Period End Date

Exit Reason (Please mark one only)

Resignation
 Retirement
 Total & Permanent Disablement
 Retrenchment
 Death
 Serious ill health (not Total & Permanent Disablement)

Other (please specify):

Employee 3

Surname

Title

Given Name

Accountants Super Member Number

Date Ceased Employment

Final Contribution paid? Yes No If Yes, date paid to Accountants Super

Final Pay Period End Date

Exit Reason (Please mark one only)
 Resignation Retirement Total & Permanent Disablement Retrenchment Death Serious ill health (not Total & Permanent Disablement)
 Other (please specify):

Employee 4

Surname

Title

Given Name

Accountants Super Member Number

Date Ceased Employment

Final Contribution paid? Yes No If Yes, date paid to Accountants Super

Final Pay Period End Date

Exit Reason (Please mark one only)
 Resignation Retirement Total & Permanent Disablement Retrenchment Death Serious ill health (not Total & Permanent Disablement)
 Other (please specify):

3. Authorisation

I hereby declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed by Authorised Officer

Date

Name of Authorised Officer

4. Please return this form to:

Accountants Super
 GPO Box 3607
 Melbourne Vic 3001

For further information:

Phone: 1300 651 331
 Fax: 1300 655 490
 E-mail: asfinfo@accountants-super.com
 Website: www.accountants-super.com

Professional Associations Superannuation Limited
 (ABN 14 056 917 303 RSE L0000352) as Trustee of
 Professional Associations Superannuation Fund (PASF)
 (ABN 78 984 178 687 RSE R1000429).
 Accountants Super is a division of PASF.

