

Cessation of employment

Use this form to remove existing employee members (who have ceased employment) from your employer plan.

Note: This form is to be completed by the sponsoring employer and should only be sent to us once the final contribution has been made to the member's account. If any final contributions are to be made for ceasing employees, please send us the contribution and provide us with the details on a separate **employer contribution return**.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Employer details

Product type

Employer number

Employer name

Employer/company contact name

Employer/company contact email address

Mobile number Phone number

2. Member ceasing employment details

Member 1

Account number Date ceased employment

Title

Surname

Given name(s)

Member 2

Account number Date ceased employment

Title

Surname

Given name(s)

2. Member ceasing employment details (continued)

Member 3

Account number Date ceased employment

Title

Surname

Given name(s)

Member 4

Account number Date ceased employment

Title

Surname

Given name(s)

Member 5

Account number Date ceased employment

Title

Surname

Given name(s)

2. Member ceasing employment details (continued)

Member 6

Account number

Date ceased employment

D	D	M	M	Y	Y	Y	Y
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Title

Surname

Given name(s)

3. Declaration and signature

I declare that the information provided in this form is true and correct.

Employer/authorised signatory name

Employer/authorised signatory signature

Date

D	D	M	M	Y	Y	Y	Y
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Where to send this form:

Mail this completed form to:

Retirement Savings Account
GPO Box 5441
Sydney NSW 2001

Any questions?
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