

Termination of defined benefit membership

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To be completed by employers.

Important information

You must complete this form if your employee is a defined benefit member and they have:

- reached the defined benefit scheme exit age or
- stopped working for you.

If your employee is stopping work due to terminal illness, or is unable to work due to illness or injury, please let us know in section two as this may impact the tax applied to their benefits. Further information may be requested.

Please provide salary information so that we can calculate the end benefit payable to your employee.

Section 1 Employee details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

First name

Middle name/s

Section 2 Reason for leaving the defined benefit fund

The employee is leaving the defined benefit fund as a result of:

- | | |
|---|--|
| <input type="checkbox"/> Reaching the defined benefit fund exit age | <input type="checkbox"/> They're unable to work due to illness or injury |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Terminal illness |
| <input type="checkbox"/> Redundancy or retrenchment | <input type="checkbox"/> Death |
| <input type="checkbox"/> Retirement | |

Date defined benefit membership ceased (DD MM YYYY)¹

Date last worked (DD MM YYYY)

¹ This may be the date the member reached their exit age or the date employment ceased

If the employee has been on leave without pay for longer than 30 days, please provide:

Date leave commenced (DD MM YYYY)

Date returned to work (DD MM YYYY)

Full-time salary at date of termination

\$

Part-time salary at date of termination (if applicable)

\$

Hobart City Council/Launceston City Council defined benefits members only:

Final average salary

\$



