

# Termination advice form

Use this form to tell LGsuper when an employee has terminated employment.

## To be completed by employer

<b>Employer</b>	<b>Member number</b>
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### Reason for termination

- Resignation/Dismissal
  Retirement
  Ill Health/TPD
  Death

### Type of member

Contributory:

- Yes
  No

<b>Member's surname</b>	<b>Member's given name/s</b>	<b>Title</b>
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<b>Member's address (or last known address)</b>
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<b>Suburb</b>	<b>Postcode</b>	<b>Telephone (b/h)</b>	<b>Date of birth</b> DD/MM/YYYY
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<b>Date commenced employment</b> DD/MM/YYYY	<b>Date of termination</b> DD/MM/YYYY
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## This section only to be completed to advise death of member

<b>Name and address of person handling the deceased's affairs</b>
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## Important information

This form may be sent in before the date of termination, but must be forwarded within 14 days of termination. Payments can only be made once the date of termination has occurred and all contributions have been received.

You can submit this form online through our secure website Employer online. To find out how to register, go to [www.lgsuper.org](http://www.lgsuper.org)

All personal information collected is protected in line with the National Privacy Principles and LGsuper's Privacy Statement.

## Signature

<b>Authorised signature for employer</b>	<b>Employer name</b>	<b>Date</b> DD/MM/YYYY
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