

→ Termination advice form

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

To be completed by employer

Employer		Member number
Reason for termination <input type="checkbox"/> Resignation/Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Ill Health/TPD <input type="checkbox"/> Death		Type of member Contributory: yes / no
Member's last name	Member's given names	Title
Member's address (or last known address)		
Suburb	Postcode	Telephone number (b/h)
Date of birth	Date commenced	Date of termination

This section only to be completed to advise death of member

Name and address of person handling the deceased's affairs

Signature

Authorised signature for employer	Employer	Date

Notes

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 if you are registered. To find out how to register, contact LGsuper.

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