

Employment Termination Advice (Defined Benefit Scheme)

Use this form if you are an employer and want to advise of the termination of a Defined Benefit Scheme member's employment.

Please use a black pen and CAPITAL letters or type directly into this form online, print it and send it to us. Use (X) to mark boxes.

Note: Please do not use this form if employment ceased due to invalidity.

Please select only ONE.

Retrenchment/ Redundancy please complete Section 3.

*** IMPORTANT**

Please ensure you read the 'Superable salaries' section of the employer guide at lgsuper.com.au/empguide and the 'Private use component of employer-provided motor vehicle' fact sheet at lgsuper.com.au/pumv before providing salary information.

Please provide revised salary figures if the member received a retrospective salary adjustment in the last two to three years before ceasing employment.

1. Employer details

Employer name

Employer code

2. Member details

Member no. Date of birth Title

Family name

Given name/s

Payroll no.

Date employment commenced Date employment ceased

Reason employment ceased: Resignation/Discharge/Dismissal Retirement Age 70
 Retrenchment/Redundancy Opt out (member 65 or older) Death

Annual superable salary at date employment ceased* \$

If employee was part-time, please advise equivalent full-time superable salary \$

Have all contributions for this member been paid? Yes No

If 'No', when are these likely to be paid?

The contributions amount to be paid: \$

Type of contribution:
 Defined post-tax Defined pre-tax Award
 Top up post-tax Top up pre-tax Other (please specify)

Retrospective salary adjustments (if applicable)*

Amended salary for 31 December last year \$

Amended salary for 31 December the previous year \$

Only complete this section if the former employee was retrenched.

AUTHORISED WITNESSES

- solicitor or barrister who has a current practising certificate (whether NSW or some other State/Territory);
- Justice of the Peace;
- notary public;
- commissioner of the court for taking affidavits;
- person by law who may administer an oath;
- for a full list of authorised witnesses please refer to lgsuper.com.au/statdec

The person before whom the declaration is made should sign the first line and write their full name, qualification and address on the second line (in printed letters).

3. Retrenchment Statutory Declaration

I certify that the member has been retrenched on the following ground(s) as indicated:

The member's employment has been compulsorily terminated because:

- The services of the member are no longer required and their position is not to be refilled.
- The work for which the member was engaged has been completed.
- The quantity of work has diminished and has resulted in a reduction in the number of employees.
- The member has accepted an offer to terminate employment on one of the grounds specified above.

AND I MAKE this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at
in the State of
on / /
Signed

Before me,

I,

4. Employer Declaration

I declare that I have fully read the important notes of this form and the information provided is true and correct and I certify that I have obtained the necessary consent to disclose personal information to LGS:

Name of authorised person (Please print)

Position held

Signed

Date

Phone no.

Please return your completed form to:

Mail: Local Government Super
PO Box N835
Grosvenor Place NSW 1220

Please mail original documents as they are required for proof of identity.
DO NOT EMAIL.

The information you provide on this form is collected by and held for Local Government Super by the fund administrator, Australian Administration Services, in accordance with the Australian Privacy Principles under the *Privacy Act 1988 (Cth)*. For further information about privacy, please phone Member Services on 1300 LGSUPER (1300 547 873) or visit lgsuper.com.au to view the Privacy Policy.

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