

TERMINATION ADVICE FORM

Please complete all pages of this form in black ink using BLOCK letters.

Return your completed form to: Reply Paid 4171, Perpetual MySuper, GPO Box 4171, Sydney, NSW 2001

1. Terminations (participating employer plans only)

Employee details

client number (if known)	<input type="text"/>	account number	<input type="text"/>
title	Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/> Ms <input type="text"/> other <input type="text"/>		
first name(s)	<input type="text"/>		
last name	<input type="text"/>		
postal address	<input type="text"/>		
suburb	<input type="text"/>	state	<input type="text"/>
country	<input type="text"/>	postcode	<input type="text"/>
phone (after hours)	<input type="text"/>	phone (business hours)	<input type="text"/>
mobile	<input type="text"/>	fax	<input type="text"/>
email	<input type="text"/>		

Employer details

employer name	<input type="text"/>
phone (business hours)	<input type="text"/>
tick one box only	<input type="checkbox"/> the employee has ceased employment with the employer. date ceased employment <input type="text"/> / <input type="text"/> / <input type="text"/>
or	<input type="checkbox"/> the employee's benefit is being transferred to another fund to which this employer contributes. date of transfer <input type="text"/> / <input type="text"/> / <input type="text"/>

Contribution details

tick one box only	<input type="checkbox"/> all contributions for this employee are up to date and have been remitted to Perpetual MySuper for credit to his/her account. or <input type="checkbox"/> contributions for this employee are currently in arrears and will be remitted by	date <input type="text"/> / <input type="text"/> / <input type="text"/>
authorised signature	<input type="text"/>	date <input type="text"/> / <input type="text"/> / <input type="text"/>