# SA Metropolitan Fire Service Superannuation Scheme

# Member Termination Advice

To be completed by an authorised signatory and forwarded to SA Metropolitan Fire Service Superannuation Scheme, GPO Box 98, Adelaide, SA 5001.

## Step 1 – Complete member's personal details

*Please print in black or blue pen, in uppercase, one character per box.* A ✓

Title Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other ☐☐☐ Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Given names

Surname

Home address

Suburb State Postcode

Membership number Payroll number Benefit Class

Date joined company ☐☐ / ☐☐ / ☐☐☐☐ Date joined Fund / Plan ☐☐ / ☐☐ / ☐☐☐☐

## Step 2 – Complete member's termination details

**Termination reason** *(Select an option)* ✓

- ◯ Resignation
- ◯ Early Retirement
- ◯ Normal Retirement
- ◯ Late Retirement
- ◯ Death
- ◯ Disablement
- ◯ Exercised Choice of Fund
- ◯ Retrenchment / Redundancy
- ◯ Ill-Health
- ◯ Other

Date of termination* ☐☐ / ☐☐ / ☐☐☐☐

*For employees exercising choice, this is the date of first contribution to new fund.

Annual salary at termination* $ ☐,☐☐☐,☐☐☐.☐☐

*Annual salary for super purposes should be provided here

**Salary History** provide details since last review and / or to calculate Final Average salary:

| Effective date of Salary | Annual salary* |
|---|---|
| ☐☐ / ☐☐ / ☐☐☐☐ | $ ☐,☐☐☐,☐☐☐.☐☐ |
| ☐☐ / ☐☐ / ☐☐☐☐ | $ ☐,☐☐☐,☐☐☐.☐☐ |
| ☐☐ / ☐☐ / ☐☐☐☐ | $ ☐,☐☐☐,☐☐☐.☐☐ |

### Total Contributions since last Review Date

COMPANY (Retained Firefighters only) $ ☐,☐☐☐,☐☐☐.☐☐

BASIC MEMBER – POST TAX (Defined Benefit) $ ☐,☐☐☐,☐☐☐.☐☐

SUPERANNUATION GUARANTEE $ ☐,☐☐☐,☐☐☐.☐☐

ADDITIONAL MEMBER $ ☐,☐☐☐,☐☐☐.☐☐

ADDITIONAL COMPANY $ ☐,☐☐☐,☐☐☐.☐☐

### Comments

### Employer Authorisation

Authorised Signatory 1 ✗ Date ☐☐ / ☐☐ / ☐☐☐☐

Issued by SA Metropolitan Fire Service Superannuation Pty Ltd ACN 068 821 750 as Trustee of the SA Metropolitan Fire Service Superannuation Scheme ABN 99 439 309 855.