

# Defined Benefit Scheme

## Employment Termination Advice

Please complete in capital letters and in BLACK INK only

This form is to be completed by the Employer to advise the Defined Benefit Scheme of a member's termination of employment. Please do not complete this form if employment ceased due to invalidity.

### 1. Employer details

Employer name	<input type="text"/>
Employer code	<input type="text"/>

### 2. Member details

Member no	<input type="text"/>	Payroll no	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)		
Family name	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>		
Eligible service date	<input type="text"/> / <input type="text"/> / <input type="text"/>	(date employment commenced)	
Scheme exit date	<input type="text"/> / <input type="text"/> / <input type="text"/>	(date employment ceased)	
Reason employment ceased: (please tick only one)	<input type="checkbox"/> Resignation/Discharge/ Dismissal	<input type="checkbox"/> Retirement	<input type="checkbox"/> Death
	<input type="checkbox"/> Retrenchment/Redundancy (Please also complete Section 3 Retrenchment certification)		
Full-time annual salary at Scheme exit date	\$	<input type="text"/>	
If employee was part-time, please provide attributed full-time salary	\$	<input type="text"/>	
If applicable, amount paid to member as a gratuity	\$	<input type="text"/>	
Have all contributions for this member been paid?	<input type="radio"/> Yes	<input type="radio"/> No	
If 'No', please indicate when these are likely to be paid	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd/mm/yyyy)	
and the amount to be paid	\$	<input type="text"/>	

#### Retrospective salary adjustments (If applicable)

We need you to give us revised salary figures where a member received a retrospective salary adjustment in the last 2-3 years before exit and the adjustment would, if it had actually been paid from the date it was effective, have changed the member's superable salary figures you reported to us for the Annual Review Days of last year and the previous year. This information will enable us to correctly determine the benefit entitlements of members whose benefits are calculated on final average salary, which is the average of the exit salary and the salary payable at the two annual review days before exit.

Amended Salary for Annual Review Day last year	\$	<input type="text"/>
Amended Salary for Annual Review Day previous year	\$	<input type="text"/>

#### Ordinary Time Earnings (OTE)

To determine if the employer benefit provided by the Scheme is of a value sufficient to have satisfied the Superannuation Guarantee requirements, the Scheme needs to collect the OTE as specified below:

OTE at 30 June 2009	\$	<input type="text"/>
OTE at 30 June 2010	\$	<input type="text"/>



**3. Retrenchment certification (Complete this Section only if former employee was retrenched)**

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

- 1. 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.
- 2.  The member has accepted an offer to terminate employment on one of the grounds specified above

Name of authorised person (please print)

Position held

Signed  Date (dd/mm/yyyy)  /  /

**4. Employer declaration (Complete this Section in all cases)**

I declare that I have fully read this form and the information is true and correct:

Name of authorised person (please print)

Position held

Signed  Date (dd/mm/yyyy)  /  /

Contact Phone no. (inc. STD/ISD)

**Where to send this form/enquiries**

Energy Industries Superannuation Scheme PO Box N835 Grosvenor Place NSW 1220 website: <a href="http://www.eisuper.com.au">www.eisuper.com.au</a>	Employer Helpline: 1800 636 441 (8.30 am – 5.00 pm Mon – Fri)  enquiries: <a href="mailto:employerservices@eisuper.com.au">employerservices@eisuper.com.au</a>
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**DO NOT FAX OR EMAIL THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED**

