

If you're an employer and want to advise of the termination of a Defined Benefit Scheme member's employment, please use this form.

You can complete this form by typing directly onto it, or by using a black pen and CAPITAL letters. Use a (✓) to mark boxes.

**NOTE:** Please don't use this form if employment ceased due to invalidity. Please contact us on 1300 547 873.

Please select only ONE.

For Retrenchment/Redundancy please also complete Section 3.

**\*IMPORTANT**

Please ensure you read the Superable salaries section of the *Employer guide* and the *Private use component of employer-provided motor vehicle fact sheet* at [activesuper.com.au/employers/tips-and-tools](http://activesuper.com.au/employers/tips-and-tools) 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 (DD MM YY)       Title (e.g. Ms)

Given name(s)

Family name

Payroll no.

Date employment commenced (DD MM YY)

Date employment ceased (DD MM YY)

### 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? (DD MM YY)

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);
- Justic 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 [activesuper.com.au/statdec](http://activesuper.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 (Suburb/City/Town)

in the State of

Signed

Date (DD MM YY)

**Before me,**

I,

(signature of authorised witness)

Date (DD MM YY)

Name and qualification of authorised witness

Address of authorised witness

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## 4. EMPLOYER DECLARATION

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

Name of Authorised Person (please print)	<input type="text"/>
Position held	<input type="text"/>
Signed	<input type="text"/>
	Date (DD MM YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone no.	<input type="text"/>

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## SEND YOUR COMPLETED FORM BACK TO US AT:

**Mail** Active Super, PO Box N835, Grosvenor Place NSW 1220  
Please do NOT email. Original documents are required for proof of identity.

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### Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering member accounts and providing services to members associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Member personal information may be shared with our administrator, other superannuation trustees and other service providers, in order to be able to provide our services to members. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal member information, please refer to our privacy policy available at [activesuper.com.au/privacy-policy](https://activesuper.com.au/privacy-policy) or by calling us on 1300 547 873. It sets out how we use the information we hold about members, how they can access and correct the information, how they may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.