

Use this form if **you're an employer** and want to advise the termination of a Retirement Scheme member's employment.

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

## 1. EMPLOYER DETAILS

Employer name

Employer code

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

## 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)

Please select only ONE.

### Reason employment ceased

Resignation/Discharge/Dismissal

Retirement

Age 70

Retrenchment/Redundancy

Opt out (member 65 or older)

Death

Retrenchment/  
Redundancy please  
complete Section 3.

Annual superable salary at  
date employment ceased\*

\$

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

\$

### 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.

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)

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

### 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 [activesuper.com.au](http://activesuper.com.au)

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

on (date DD MM YYYY)

Signed

**Before me,**

I,   
(signature of authorised witness)

Date (DD MM YYYY)

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 and I certify that I have obtained the necessary consent to disclose personal information to Active Super:

Name of authorised person (please print)

Position held

Signed  Date (DD MM YY)

Phone no.

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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 accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your 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 you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal 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 you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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