

Member ceasing work

Or changing super fund

Use this form to advise Australian Catholic Superannuation of an employee ceasing employment with you or who has been provided with a choice of fund.

Complete this form using a dark pen and capital letters or type directly into this form online, print it out and send it to us. Ensure all check boxes are marked with an (X).

We recommend you consider the relevant PDS, Factsheets and Target Market Determination (TMD) to help you understand the class of consumer the product is generally designed for. Access is available on the Forms and Downloads section of our website at www.catholicssuper.com.au/factsheets.

Once the form is complete, remember to sign and date it. Return the form to:

Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805



✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicssuper.com.au

🐦 @AskAusCathSuper

@ fundoffice@catholicssuper.com.au

📌 Send this form to us within 7 days of the end of the contribution period.

1 Employer details

Please provide the following employer details.

Employer name

Employer telephone number

Contribution period ending

! Important

You will need to complete an individual form for each employee leaving your service.

2 Employee details

Client ID

Account number

Date of birth

Male

Female

Not stated

Intersex

Title

Surname

Given names

Tax File Number

3 Final contribution details

Date of leaving service

Date final contribution will be paid

Reason for leaving service

Left service	Retirement	Insurance	Enterprise Agreement (EA) / Choice
<input type="checkbox"/> Resignation of employment	<input type="checkbox"/> Early retirement	<input type="checkbox"/> Permanent disablement	<input type="checkbox"/> Member elected to transfer under EA
<input type="checkbox"/> Retrenchment	<input type="checkbox"/> Normal retirement	<input type="checkbox"/> Temporary disablement	<input type="checkbox"/> Member has a choice of fund
	<input type="checkbox"/> Late retirement	<input type="checkbox"/> Death	
	<input type="checkbox"/> Ill health		



Form continues overleaf ▶

Australian Catholic Superannuation – Offices in, Brisbane, Canberra, Perth, Port Macquarie, Sydney, Townsville

! Important

To be signed by the authorised Payroll Officer.

! Take note

Don't forget to sign and date your form before sending it back to us. If you provide a **digital signature**, we will require further information and will be in contact with you.

4 Employer authorisation

I declare that the information provided in this form is, to the best of my knowledge, true and correct.

Full name

Job title


Signature


Date

PRIVACY STATEMENT: By signing this form you consent to Australian Catholic Superannuation and Retirement Fund collecting and using your personal information to manage your superannuation and to comply with relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation. Your personal information may be disclosed to other parties, including the Trustee Board, the Fund's insurer and professional advisors, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit catholicsuper.com.au or phone **1300 658 776**.


Contact us


Please sign and date this form and return it to us:

 Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805


 (02) 9715 0090

For more information contact our helpful staff:

 1300 658 776

 www.catholicsuper.com.au

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 @AskAusCathSuper

