

Advice of Termination – Permanent (Defined Benefit) members

This form is for **Full Participating Employers** to advise Maritime Super when an employee who is a member of the Permanent (Defined Benefits) category in the Stevedores division of Maritime Super terminates employment with you. It is important that you advise Maritime Super as soon as possible of termination of these members, so that we can advise the member of the impact this has on any future service/insured benefits they hold through Maritime Super.

Complete, sign and return this form by **fax to (02) 9261 3683**.

Alternatively, you may post this form to Maritime Super, Locked Bag 2001, QVB Post Office NSW 1230.

Employer Details

Employer's Business Name	Port	
<input type="text"/>	<input type="text"/>	
Registered Address		
<input type="text"/>		
Contact Name	Position	Maritime Super Employer ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Phone Number	
<input type="text"/>	<input type="text"/>	

Employee's Details

Surname		Given Names (in full)	
<input type="text"/>		<input type="text"/>	
Date of Birth	Member Number	Payroll Number	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			

Employee's Termination Details

Date of Termination of Employment	Port
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Reason for Termination - please tick (✓) one:

<input type="checkbox"/> Early retirement (aged 55-65)	<input type="checkbox"/> Retirement (on or after age 65)	<input type="checkbox"/> Resignation (including dismissal)
<input type="checkbox"/> Redundancy	<input type="checkbox"/> Death ¹ (specify date) <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Resignation on medical grounds

Please note that the reason for termination may affect the member's eligibility to remain in the Permanent (Defined Benefits) category of the Stevedores division and/or his/her qualification for a future service (or insured component) in the benefit. Refer to the Fund's Trust Deed for more information.

¹ Please also provide contact details for the estate.

Employee's Final Contribution Details

Last contribution (week ending)	Last Contribution to be made
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Employee's Final Employment Details

Base Salary at termination	\$ <input type="text"/> pa	Ordinary Time Earnings (OTE) at termination	\$ <input type="text"/> pa
Number of Fund Service Weeks (for which contributions were made) this financial year		<input type="text"/> weeks	
Amount of compulsory member contributions for this financial year		\$ <input type="text"/>	
Has the employee's Base Salary increased more than 20% in the last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Declaration and Authorisation

I confirm that the information contained on this form is true and correct.

Authorised Officer's Signature	<input type="text"/>	Name	<input type="text"/>
		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Privacy information and consents

Personal information is collected from or in respect of you to enable Maritime Super to administer your (or your employees') benefits. If you do not supply the required information, we may not be able to do so (and may be unable to action your requests). We may disclose this personal information to a number of parties, such as the administrator of the Fund, Maritime Super's professional advisers, insurer(s) and service providers, as required by law and/or as authorised by you. You may be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access or have a complaint, please contact Member Services on 1800 757 607.