

Termination/Change of Employment Advice

If any employee who is a member of Maritime Super terminates employment, you must complete this form and return it to Maritime Super by mail or fax no later than the end of the week after the exit date.

Complete, sign and return this form by **fax to (03) 9686 0377** or post to Maritime Super, Level 4, 6 Riverside Quay, Southbank VIC 3006.

Employer Details

Employer's Business Name	Maritime Super Employer ID	
<input type="text"/>	<input type="text"/>	
Address (if you have recently moved or opened at a new location)	<input type="checkbox"/> Head Office/Registered Address	<input type="checkbox"/> Payroll office
<input type="text"/>		
Contact Name (Authorised Officer)	Position	
<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	Phone Number	
<input type="text"/>	<input type="text"/>	

Employee's Termination, Change of Employment or Choice of Fund Details

Date of termination of employment	Reason for termination		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Resignation on medical grounds	<input type="checkbox"/> Death (specify below)	<input type="checkbox"/> Other termination of service
	Note that the reason for termination may affect the member's eligibility for insured benefits. Refer to the Fund's Trust Deed for more information.		
	Date of death	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	Contact Name (Estate/Next of Kin)	<input type="text"/>	
OR	Contact Number or Address	<input type="text"/>	
Date changed employment basis	Change to		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Casual
OR	Name of Fund		
Date elected another fund for SG	<input type="text"/>		
<input type="text"/> / <input type="text"/> / <input type="text"/>			

Final Contribution Details

Salary at termination	Date last contribution to be made	Amount of last contribution
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Employer's Declaration

I confirm that the information 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.