

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, Locked Bag 2001, QVB Post Office NSW 1230.

Employer Details

Employer's Business Name	<input type="text"/>		Maritime Super Employer ID	<input type="text"/>
Address	<input type="text"/>		<input type="checkbox"/> Head Office/Registered Address	<input type="checkbox"/> Payroll office
Contact Name (Authorised Officer)	<input type="text"/>	Position	<input type="text"/>	
Email Address	<input type="text"/>	Phone Number	<input type="text"/>	

Employee's Details

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

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

Date of termination of employment	<input type="text"/> / <input type="text"/> / <input type="text"/>	Reason for termination	<input type="checkbox"/> Resignation on medical grounds	<input type="checkbox"/> Death (specify below)	<input type="checkbox"/> Other termination of service
Note that 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	<input type="text"/> / <input type="text"/> / <input type="text"/>	Change to	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Casual
OR	Date elected another fund for SG	<input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Fund	<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"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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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.