Defined Benefit Scheme

Employment termination advice form

You can use this form to advise us of a member's termination of employment. In the case of an invalidity claim made by a member, you will also be required to complete an Employer Statement.

Please use black or blue pen and write in CAPITAL letters. Use an X in boxes where required.

Step 1: Employer details

Employer number

Employer name

Step 2: Member details

Member number

Payroll number

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Date of birth D D / M M / Y Y Y Y

Gender

☐ Male ☐ Female

Given name(s)

Family name

Eligible service date (date employment commenced) D D / M M / Y Y Y Y

Scheme exit date (date employment ceased) D D / M M / Y Y Y Y

Reason employment/membership ceased (select one option X)

☐ Resignation/Discharge/Dismissal ☐ Retrenchment/Redundancy ☐ Medical termination

☐ Retirement ☐ Death ☐ Age 70 ☐ Opt out (member 65 or older)

Annual superable salary at Scheme exit date $

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

Have all contributions for this member been paid?

☐ Yes ☐ No ☐ If 'No', please indicate when these are likely to be paid D D / M M / Y Y Y Y

Amount to be paid $

Please select option/s that apply:

Type of contribution	Amount	Type of contribution	Amount
☐ Defined post-tax	$	☐ Award	$
☐ Defined pre-tax	$	☐ Top up post-tax	$
☐ Other (specify below)	$	☐ Top up pre-tax	$

Retrospective salary adjustment (if applicable)

You need to provide us with revised salary figures where a member has received a retrospective salary adjustment in the last 2-3 years, and this adjustment would have changed the member's superable salary figures previously reported.

This information will enable us to correctly determine the benefit entitlements of members whose benefits are calculated using the Final Average Salary, which is the average of the salary at (a) the date of calculation, (b) as at the annual review date for this member, and (c) the annual review date for this member prior to (b)*.

Amended salary for annual review day last year $

Amended salary for annual review day previous year $

Ordinary Time Earnings (OTE)

To determine if the employer benefit provided by the Scheme has satisfied the Superannuation Guarantee requirements, we require the OTE as specified below.

OTE at 30 June this year $

OTE at 30 June last year $

*The annual adjustment date for members whose dates of birth fall between July and December is 5 May, and those between January and June is 21 October.

Step 3: Retrenchment certification

Please only complete this section if the employee was retrenched.

I certify that the member has been retrenched on the following ground(s):

1. The member's employment has been 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.
2. ☐ The member has accepted an offer to terminate employment on one of the grounds specified above.

Name of authorised person (please print)

Job title

Telephone (business hours)

( )

Step 4: Employer declaration

I declare that the information provided in this form is true and correct.

Name of authorised person (please print)

Job title

Telephone (business hours)

( )

Signature

Date

D D / M M / 2 0 Y Y

We're here to help

To be valid, this form must be fully completed, signed and dated. If you need assistance completing this form, you can call us on **1300 361 784**, Monday to Friday from 8am to 8pm (AEST/AEDT).

Please return the completed form by either; emailing it to **cbusenq@cbussuper.com.au** or posting it to:
Cbus, Locked Bag 5056, Parramatta NSW 2124.

Cbus
Locked Bag 5056
PARRAMATTA NSW 2124

1300 361 784
8am to 8pm (AEST/AEDT)
Monday to Friday

cbusenq@cbussuper.com.au
cbussuper.com.au
Log in to chat to us online

Visit Cbus in person in Adelaide, Brisbane, Melbourne, Perth and Sydney.
Details: **cbussuper.com.au/contact**

United Super Pty Ltd ABN 46 006 261 623 AFSL 233792 as Trustee for the Construction and Building Unions Superannuation Fund ABN 75 493 363 262 (Cbus and/or Cbus Super).