

# Lutheran Super Member Termination Advice

To be completed by an authorised signatory and forwarded to the Fund Administrator Lutheran Super, GPO Box 4303, Melbourne, VIC 3001.

## Step 1 – Complete member's personal details Please print in black or blue pen, in uppercase, one character per box. A ✓

Title Mr  Mrs  Ms  Miss  Other    Date of birth   /   /

Given names

Surname

Home address

Suburb                      State    Postcode

Membership number

Date joined company   /   /    Date joined Fund   /   /

Employer Name

## Step 2 – Complete member's Termination details

Termination reason (Select an option)   Resignation  Early Retirement  Normal Retirement  Late Retirement  Death  Disablement  Excercise choice of fund  Retrenchment / Redundancy  Ill-Health  Other

Date of termination\*   /   /

\*For employees excersising choice, this is the date of the first contribution to the new fund.

Comments

I confirm all Superannuation contributions have been paid for this member and authorise payment/transfer of this members benefits in accordance with their instructions.

**Employer Authorisation**

Authorised Signatory 1   Date   /   /

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