

Vision Super Saver Employment Termination and Choice of Fund Form



Form 19

1 Provide Members Personal Details

Title	Family Name	Vision Super Membership Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name/s		Date of Birth
<input type="text"/>		<input type="text"/>
Home Address		Contact Phone Number
<input type="text"/>		<input type="text"/>
	State Postcode	Mobile Number
	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

2 Provide Employment Termination Details

Employer Name	Employer Number	Payroll Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Termination	<input type="checkbox"/> Resignation	<input type="checkbox"/> Retirement
	<input type="checkbox"/> Ill-Health	<input type="checkbox"/> Death
	<input type="checkbox"/> Choice of Fund	
Date of Termination		
<input type="text"/>		

3 Provide Contribution Details

Please ensure that all the following details are provided. If incomplete, the form will be returned.

Date of Last Contribution	Remittance Number	Employer's Contribution	Member's Contribution
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Are there any further contributions for this member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please fill out the section below			
Date of Last Contribution	Remittance Number	Employer's Contribution	Member's Contribution
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Important Notice

Please note that no benefit can be paid to the member until such time that this form is received by Vision Super and all outstanding contributions have been made. Outstanding contribution (both employer and employee) must be paid within 28 days of termination date

4 Sign and Date the Form

This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the Privacy Act 1988 and Vision Super privacy policies.

Name of Authorised Officer (please print)	Signature of Authorised Officer	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



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