

# Defined Benefit Plan Employment Termination Form



Form 24

## 1 Member's 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
	<input type="text"/>	<input type="text"/>
Email Address	Mobile Number	
<input type="text"/>	<input type="text"/>	

## 2 Employment Details

Date of Termination	Name of Employer	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"/> Transfer	
If transferring to another employer please provide employer name and number (if known)	Name of Employer	Employer Number
	<input type="text"/>	<input type="text"/>

### Important Notice:

If termination is due to disability or ill-health, and if the member is wanting to apply for disability benefits, please use **Form 4: Application for Disability Benefits**. If employee is a member of Defined Benefits Plan, City of Melbourne or Parks Victoria Plan and termination is due to retrenchment, please use **Form 24a: Employment Termination Form – Retrenchment Defined Benefit Plan**.

Was this employee on leave without pay at date of termination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date employment commenced
			<input type="text"/>
Full-time salary at date of Termination	Date salary took effect	Service fraction at termination date (e.g. 20%, 50% etc)	Date service fraction took effect
\$ <input type="text"/>	<input type="text"/>	% <input type="text"/>	<input type="text"/>
Contributions owed by member to employer and to be recovered by Vision Super. (Do not include any contributions paid in advance of termination. These will be credited to your Authority.)			\$ <input type="text"/>

## 3 Vision Super Saver Top Up Accounts

Are there any further contribution(s) to be paid for this member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, please state amount and date payment will be made	Date	Employer's contribution	Member's contribution
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Name of Authorised Officer (please print)	Signature of Authorised Officer	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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.



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