

Termination advice form

B04



Please download, complete and email this form back to us when an employee has terminated employment.

To be completed by employer

Employer

Reason for termination

☐ Resignation/Dismissal ☐ Retirement ☐ Ill Health/TPD ☐ Death

Type of member

Contributory:

☐ Yes ☐ No

Member's surname	Member's given name/s	Title
Member's address (or last known address)	Account number	
Suburb	Postcode	Telephone (h/h)
Date commenced employment	Date of termination	Date of birth

This section only to be completed to advise death of member

Name and address of person handling the deceased's affairs

Important information

You can send us this form anytime before the date of termination, but it must reach us within 14 days of the termination date. Payments can only be made once the date of termination has passed and all contributions have been received.

Submit this form online through our secure website, Employer online. To find out how to register, go to lgiasuper.com.au.

All personal information collected is protected in line with the Australian Privacy Principles and LGIAsuper's Privacy policy.

Signature

Authorised signature for employer	Employer name	Date
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