



COMBINED FUND

Level 9, 155 Queen Street, Melbourne, 3001
GPO Box 4559, Melbourne Vic 3004
Telephone: (03) 9691 2900 Fax: (03) 9640 0787

TERMINATION ADVICE FORM

To be completed by the Employer and forwarded to the above office for processing.

EMPLOYER NAME:

Full Name of Member:.....

Address:.....

Date of Birth:/...../.....

Telephone No:

Date Commenced Service:/...../.....

Date Joined Fund:/...../.....

Date Employment Ceased:/...../.....

Date Contributions Paid to:/...../.....

Reason Employment Ceased:

Resignation Late Retirement Early Retirement

Retrenchment Normal Retirement Death

Total & Permanent
Disablement Dismissal

Other - please specify _____

Signed by (Employer) Date:...../...../.....

Position.....