

## REI Super Member Termination Advice

To be completed by an authorised signatory and forwarded to REI 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. 🔺 🗸
Title Mr Mrs Ms Miss Other Date of birth Given names	
Home address	
Suburb	State Postcode
Membership number	

## Step 2 – Complete member's termination details

Termination reason (Select an option) 🗸	Date of termination
Early Retirement	
Normal Retirement	
C Late Retirement	
Death	
<ul> <li>Disablement</li> </ul>	
Exercised Choice of Fund - Date first co	ntribution paid to new fund.
Retrenchment / Redundancy	
Ill-Health	
Other	

Issued by REI Superannuation Fund Pty Ltd ABN 68056044770, AFS Licence No. 240569 RSE Licence No. L0000314 as Trustee for REI Super ABN 76641658449, Registration No. R1000412.



## Step 2 – Complete member's termination details (continued)

Employers Detail's Employer's Name						
Employer's Address						
Suburb		State	P/code			
Employer Code						
Comments						
Employer Authorisation I confirm all superannuation contributions have been remitted for this member and authorise payment/transfer of this member's benefit inaccordance with their Instructions						
Authorised Signatory	Date	/ /				

