



ADVICE OF MEMBER CEASING EMPLOYMENT EMPLOYER USE ONLY

Date Stamp (Internal Office Use Only)

Please complete this form with a Black pen using BLOCK letters and send it to:
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831

Please fill circles like ● NOT like ⊗ ⊙

- The purpose of this form is to advise the Fund of a Member who has terminated their employment. This form is to be completed by an Authorised Officer and returned to the Plan Administrator.
- Employers have the ability to complete this information on our website: www.walgsp.com.au via the Employer Login.

Section 1 Ceasing member details

Client Number	<input type="text"/>	Mr <input type="radio"/>	Mrs <input type="radio"/>	Ms <input type="radio"/>	Miss <input type="radio"/>
Surname	<input type="text"/>				
Given name(s)	<input type="text"/>				
Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Address Line 1	<input type="text"/>				
Address Line 2	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Home Phone incl. area code e.g. 08123456789	<input type="text"/>	Phone (Day)	<input type="text"/>		
Mobile	<input type="text"/>				
Email	<input type="text"/>				
	<input type="text"/>				

Employee Salary Details

Annual Package salary at the date of termination	\$	<input type="text"/>	Date employment ceased	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Annual Cash salary at the date of termination	\$	<input type="text"/>						
Contributions paid this financial year								
Member (Post Tax)	\$	<input type="text"/>						
Award / Superannuation Guarantee	\$	<input type="text"/>						
Salary Sacrifice	\$	<input type="text"/>						
Spouse	\$	<input type="text"/>						
Employer Matching	\$	<input type="text"/>						



