



Advice of cessation of employment – Salarylink only

i Please print clearly using BLOCK LETTERS and black pen only. Place a cross (X) in the boxes provided, where applicable. If a question does not apply to you, simply leave it blank.

Hostplus Member number

This form should only be used by authorised officers of Hostplus Salarylink participating employers.

Important: this form replaces any previous Authorised officer's declaration.

1 Member details.

Title Mr Mrs Miss Ms Other Please specify

Given names

Surname

Date of birth Gender Male Female

Residential address

Suburb State P/C

Country

Postal address

Suburb State P/C

Country

Email address

Business phone Home phone Mobile phone

Employer name

Start date with employer Date last worked Date of cessation of employment Date contributions ceased

Please indicate reason for cessation of employment:

- Resignation
 Retirement
 Retrenchment
 Termination
 Ill-health
 Total and permanent disablement
 Death
 End seasonal work. Is the member intending to work next season?
 Yes No
 Transferring to another local government employer (if applicable)
 Other (Please describe)

Salarylink member changing employment status from permanent to casual

2 Contribution and salary details.

Please advise details of the contributions applicable for the period since your last contribution remittance to ensure the benefit information provided to the member is up-to-date.

The last contribution remittance was for the period ending: Date

Contributions since the last remittance (including any contributions still owing):

Member voluntary (after-tax)	\$ <input style="width: 150px;" type="text"/>
Salary sacrifice (before-tax)	\$ <input style="width: 150px;" type="text"/>
Employer	\$ <input style="width: 150px;" type="text"/>
Employer Salarylink (if applicable)	\$ <input style="width: 150px;" type="text"/>
Employer voluntary	\$ <input style="width: 150px;" type="text"/>
TOTAL	\$ <input style="width: 150px;" type="text"/>

Please note that we cannot process payment of a member's benefit until all contributions have been received.

Full-time or equivalent salary at date of ceasing employment \$ per annum

Please attach the salary history for the last 3 years or alternatively complete in the section below.
Please also advise any part-time percentage rate changes (if any).

Effective date of change	Superannuation Salary \$

Effective date of change	Part-time Equivalent %

3 Privacy.

Hostplus is seeking to collect your personal information in order to carry out your instructions in this form. If you do not provide us with the information requested, we may not be able to carry out instructions or provide the services you require. For further information about how personal information is handled and how you can access and correct your personal information, you can view the Hostplus Privacy Policy at hostplus.com.au/privacy or by calling us on **1300 467 875**.

4 Employer authorisation.

Signature of authorised officer

Date

Name (print)

Signature of authorised officer

Date

Name (print)



It is important that you answer all questions on this form. In confidence when completed.



When you have completed this form please send it to: info@hostplus.com.au, alternatively a printed and signed form can be posted to Hostplus, Locked bag 5046, Parramatta NSW 2124