



Australian
Reward
Investment
Alliance

Benefit estimate request form

Agency	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> STATE <input type="text"/> POSTCODE
Contact person	<input type="text"/>
Phone	<input type="text"/> <input type="text"/>
Fax	<input type="text"/> <input type="text"/>
Email	<input type="text"/> <input type="text"/>

I confirm the member (or the member's immediate family in the event of death) is aware this information is being sought and the member (or the member's immediate family in the event of death) has given consent to its disclosure to the agency.

SIGNATURE OF AUTHORISED OFFICER

DATE

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of exit (please tick one)

Involuntary reirement

Resignation

Age

Invalidity

Death > Please tick as applicable: Potentially eligible spouse exists

Potentially eligible children exist

Estimate to be returned by:

Agency email

Fax

Member email (please specify on following pages)

Post

