



Australian
Reward
Investment
Alliance

Benefit estimate request form PSS Members

Agency																				
Address																				
																STATE		POSTCODE		
Contact person																				
Phone number																				
Fax number																				
Email																				

I confirm that the member (or the member's immediate family in the event of death) is aware that this information is being sought and that 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	

Type of exit (please tick one)

Age Resignation Involuntary reirement Invalidity > Sick leave start date:

DAY		MONTH		YEAR	

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 page 2) Post

Notes:

- > Include revised salary for super for future birthdays, particularly where it occurs prior to the nominated retirement date.
- > Identify casual members/former casual members of the scheme.

Member 1

AGS number	<input type="text"/>												
Surname & initial	<input type="text"/>												
Date of birth	<table border="0"> <tr> <td></td><td>DAY</td><td></td><td>MONTH</td><td></td><td>YEAR</td> </tr> <tr> <td><input type="text"/></td><td>/</td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		DAY		MONTH		YEAR	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>								
Exit salary	\$ <input type="text"/>												
1/7/99 salary	\$ <input type="text"/>												
Final 3 birthday salaries prior to exit	\$ <input type="text"/>												
	\$ <input type="text"/>												
	\$ <input type="text"/>												
Proposed date of retirement	<table border="0"> <tr> <td></td><td>DAY</td><td></td><td>MONTH</td><td></td><td>YEAR</td> </tr> <tr> <td><input type="text"/></td><td>/</td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		DAY		MONTH		YEAR	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
	DAY		MONTH		YEAR								
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Comments	<input type="text"/>												

Member 2

AGS number	<input type="text"/>												
Surname & initial	<input type="text"/>												
Date of birth	<table border="0"> <tr> <td></td><td>DAY</td><td></td><td>MONTH</td><td></td><td>YEAR</td> </tr> <tr> <td><input type="text"/></td><td>/</td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		DAY		MONTH		YEAR	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Comments	<input type="text"/>												

