



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"/>																				
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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>																				

Date employment ceased

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contributions paid this financial year

Award / Superannuation Guarantee	\$	<input type="text"/>
Member (Post Tax)	\$	<input type="text"/>
Salary Sacrifice	\$	<input type="text"/>
Employer Matching	\$	<input type="text"/>
Spouse	\$	<input type="text"/>



