Australian Reward Investment Alliance

PSS Resignation - Departmental Report

To be used only when Benefit Application has not been completed by member

Member's Name

Member's Date of birth (DAY / MONTH / YEAR)

AGS Reference Number

Member's postal address

STATE

POSTCODE

Date of Exit (DAY / MONTH / YEAR)

Last three superannuation variations including the payday that contributions were ceased (usually the payday after the date of exit)

***please confirm in writing if further adjustments have or will be made after the payday that contributions were ceased.*

Payday of adjustment	Old perm. cont.	New perm. cont.	Current adjust.	PLUS/ MINUS
		NIL		

Personnel Checklist

The following information is required:

Yes	N/A	
☐		Have you provided the member with a benefit application form?
☐		Have you attached a copy of the member's signature?
☐		Have you attached a copy of the Superannuation history card or computer printout?
☐	☐	Is the applicant receiving an allowance (or did they receive such an allowance in the past 3 years) that increases salary for superannuation purposes?

Personnel Checklist Continued over page

Personnel Checklist Continued

Yes	N/A	
☐	☐	If **YES**, is the allowance automatically recognised as salary for superannuation purposes? If the allowance is not automatically recognised as salary for superannuation purposes, please attach Form S17A, S17S or S17T.
☐	☐	Has the member ever worked part-time hours on his/her birthday anniversary? If **YES** – Please attach details.
☐	☐	Has the applicant had any periods of LWOP in the two years prior to date of exit? If **YES** – attach details of commencement and ceasing date(s), and type of leave.

Certification by Employer

I, FULL NAME

being the officer authorised to sign on behalf of the Agency, declare that the above information is true and correct and certify that no variations to contributions will be made subsequent to the ceasing entry shown above.

SIGNATURE OF AUTHORISED OFFICER

DATE

DAY / MONTH / YEAR

Contact phone number

Facsimile number

Email address

END FORM

Any advice in this document has been prepared without taking account of your personal objectives, financial situation or needs. Because of this, you should, before acting on any advice in this document, consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. You may wish to consult a licensed financial planner to do this.

Australian Reward Investment Alliance (ARIA) ABN: 48 882 817 243 AFSL: 238069
RSE Licence no: L0001397,
Trustee of the Public Sector Superannuation Scheme (PSS) ABN: 74 172 177 893 RSE: R1004595