



Australian
Reward
Investment
Alliance

PSS Estimate Request Form

(Member use only)

Please fill in this form if you will be exiting in the **next 12 months** and would like a benefit estimate.

AGS number

--	--	--	--	--	--	--	--	--	--

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

DAY			MONTH			YEAR		
			/			/		

Exit date

DAY			MONTH			YEAR		
			/			/		

Exit salary

\$									
----	--	--	--	--	--	--	--	--	--

Phone number

--	--	--	--	--	--	--	--	--	--

Exit type (please tick one)

Involuntary retirement
(Retrenchment)

Resignation and dismissal

Age retirement

Death

Invalidity retirement

Sick leave start date

DAY			MONTH			YEAR		
			/			/		

Estimate to be returned by (please tick one)

Email Email address

Post Postal address

Fax Fax Number

--	--	--	--	--	--	--	--	--	--

SIGNATURE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE

DAY			MONTH			YEAR		
			/			/		

END FORM

Privacy

Your privacy is important to us. We are collecting information on this form to administer your super. If you'd like to read ARIA's privacy and security statement, visit <http://www.aria.gov.au/privacy.shtml>