



# 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. If you exited due to an involuntary retirement (retrenchment), an estimate will be calculated once your employer submits the estimate request.

Reference number (AGS)

Surname

Given names

Date of birth   /   /

Date of exit   /   /

Exit salary \$

Phone number

BUSINESS HOURS

Exit type (please select one):  resignation and dismissal  
 age retirement

Estimate to be returned by (please select only one: email, post or fax):  Member email  
 Third party email

Allow PSS to send your superannuation estimate to another person/financial advisor/  
financial institution/solicitor.

@

Post

POSTAL ADDRESS

SUBURB  STATE  POST CODE

Fax

Signature and date

SIGNATURE

Date signed   /   /

## 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 [www.aria.gov.au/privacy](http://www.aria.gov.au/privacy).