



# Advice of member ceasing employment

## Use this form

- To let us know **immediately** about any employees contributing to PSS who have ceased employment with you.

## 1 Member details

Title (*Mr Mrs Ms Miss Dr*)

Birth date

Family name

Given name/s

Registered number

Exit reason

Last day of service

## 2 Contributions

From start of current financial year to last full pay period



From last full pay period to last day of service



Total

## 3 Salary details

Salary of office (ie Salary plus any superable allowances) as at date of exit:

## 4 Certification

I certify that the particulars in Parts 1, 2 and 3 are correct

Name of authorising officer

Signature of authorising officer

Date

Daytime contact telephone number

## How to send

Please send the completed form to:

**Pillar Administration**

**PO Box 1229**

**Wollongong DC NSW 2500**

## Any other queries?

Check in your *Employer Easy Reference Guide*, or contact Pillar's employer help line on

Phone: (02) 4253 1426

Fax: (02) 4253 6105 or

Email: [STC\\_Employer\\_Contact@pillar.com.au](mailto:STC_Employer_Contact@pillar.com.au)