



What is the pay day of the final contributions (or other final adjustment)?

DD / MM / YYYY

What is the amount of this contribution (or adjustment)?

\$

Please note: You should ensure that you balance the contributions by the last payday immediately before their date of exit.

Personnel checklist

- Benefit application form provided to member
Superannuation history print out
Details of any part-time hours worked
Details of any periods of LWOP including maternity/parental LWOP
Retirement certificate attached

Please note: failure to provide the documents outlined in this checklist will result in delays in processing this application.

Certification by employer

I, GIVEN NAME(S) SURNAME

being the officer authorised to sign on behalf of the eligible employer, 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.

Phone Email @



Sign

SIGNATURE Date signed DD / MM / YYYY

Please email the completed Departmental Report to formsandapplications@csc.gov.au

Where can I get more information?

- EMAIL employer.service@csc.gov.au
PHONE 1300 338 240
FAX 02 6275 7010
MAIL Employer Service
GPO Box 2252
Canberra ACT 2601
WEB csc.gov.au

