

Member's name





Departmental Report

Employers should complete this form for CSS and PSS members that have resigned, retired, been made redundant, or had their employment terminated.



About the member

Reference Number (AGS)															
Date of birth	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y														
About the employment															
Date of exit	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y														
Has the member been terminated or made redundant?	Yes – If yes, please include a copy of the retirement certificate No														
Final super salary at exit	\$		D D	/	M	M	/	Υ	Y	Y	Y				
	Please note: This can be greater than the su	ıpe	r sala	ry at	the	last	birtl	nda	ıy.						
Final 3 birthday salaries before exit	\$		D D	/	М	M	/	Υ	Y	Υ	Y				
Serore exit		_	D D	_	М	М		Υ	Υ	Υ	Υ				
	\$			/			/								
		_	D D	_	М	М		Υ	Υ	Υ	Υ				
	\$			/			/								



The information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

What is the pay	day	of th	ie fii	nal c	ontr	ibu	tion	s (oı	oth	er fi	nal	adju	stm	ent)	?										
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Personne	el c	he	ck	dis	it																				
Yes	Benefit application form provided to member																4	fa			se note:	0			
Yes	Superannuation history print out															failure to provide the documents outlined in									
Yes	N/A Details of any part- time hours worked															this checklist will result									
Yes	N/A Details of any periods of LWOP including maternity/parental LWOP															in delays in processing									
Yes	Yes N/A Retirement certificate attached													this application.									J		
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Please email the completed Departmental Report to formsandapplications@csc.gov.au



employer.service@csc.gov.a



Phone .300 338 240







