

Advice of transfer to new employer



If you are leaving your current employment to join another local government employer, or an employer who participates in Local Super, your current membership may be continued by completion of this form (subject to approval by the Trustee).

You should not complete this form if you wish to access any of your super (if applicable) when you cease employment with your current employer.

Please note:

- 1 Any period during which you were not employed by either Local Super employer will not be counted for the purpose of determining any benefit payable,
- 2 If you have received a benefit from Local Super as a result of leaving employment, you will be required to repay this benefit to Local Super upon starting employment with your new employer,
- 3 If you are a SA local government employee who makes contributions and you are transferring to a NT Municipal council (excluding Shires), you will need to make an election regarding what you would like Local Super to do with your super. You have the option to continue as a Salarylink member. Call Local Super for more information.
- 4 Please advise your current contribution arrangements to your new employer. If you wish to change your contribution rate you will need to complete a MAKING CONTRIBUTIONS TO LOCAL SUPER form.

1 Personal details

Title Mr / Mrs / Ms / Miss / Other _____ Date of birth ____/____/____

Given names _____

Surname _____

Postal address _____

Suburb / Town _____ State _____ Postcode _____

Telephone Home _____ Work _____

Email _____

Membership number _____

Old employer _____

Date employment ceases with old employer _____

New employer _____

Start date with new employer _____

I request the approval of the Trustee to continue my Local Super membership as permitted by Local Super's Rules.

Signature _____

Date _____

Please send this form to:

**Local Super
PO Box 18219
Collins Street East VIC 8003**

If you have any questions please call us on 08 8100 9999 or 1800 882 988.



T R N

Continuation of membership is/is not approved for the period

_____ to _____

Approved by _____

Date _____

