Member Termination Advice

REI Super | 50 YEARS

To be completed by an authorised signatory and forwarded to REI Super.

Please print in black or blue pen, in uppercase.

PART 1: COMPLETE MEMBER'S PERSONAL DETAILS

Member number

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other

Given names

Surname

Date of Birth (DD-MM-YYYY)

Residential address

Suburb

State

Postcode

PART 2: COMPLETE MEMBER'S TERMINATION DETAILS

Termination reason – Select an option ✗

Date of termination

☐ Resignation ☐ Early Retirement ☐ Normal Retirement ☐ Late Retirement ☐ Death ☐ Disablement

☐ Exercised Choice of Fund - Date first contribution paid to new fund.

☐ Retrenchment / Redundancy ☐ Ill-Health ☐ Other

Employers Detail's

Employer's Name

Employer's Address

Suburb

State

Postcode

Employer Code

Comments

Employer Authorisation

I confirm all superannuation contributions have been remitted for this member and authorise payment/transfer of this member's benefit inaccordance with their Instructions.

Authorised Signatory

✗

Date

READY TO SEND US YOUR FORM?

Once you have completed and signed this form, please either:

Post: REI Super, PO Box 832, Newcastle NSW 2300
Email: admin@reisuper.com.au.

WE'RE HERE TO HELP

If you need any assistance with filling out this form, or have any questions about super, please feel free to call us on **1300 13 44 33**.

MySuper Authorised | SUPER RATINGS | SUPERRATINGS GOLD 2025 MYCHOICE SUPER | AAA QUALITY RATING 2025

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