

Left employment schedule

Connolly Temple Employer Super Plan

Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
 Level 23 2 Market Street Sydney NSW 2000
 Telephone 1300 361 755



Employer's name
 Employer account number

Employee details	Reason for leaving	Date Employee Left	Final contribution paid
Given names <input type="text"/> Surname <input type="text"/> Address <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Member No. <input type="text"/> Date of Birth <input type="text"/> / /	<input type="checkbox"/> Resigned <input type="checkbox"/> Death <input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> Disability	<input type="text"/> / /	<input type="checkbox"/> Yes, please state when: <input type="text"/> / / <input type="checkbox"/> No, please complete Contribution remittance
Given names <input type="text"/> Surname <input type="text"/> Address <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Member No. <input type="text"/> Date of Birth <input type="text"/> / /	<input type="checkbox"/> Resigned <input type="checkbox"/> Death <input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> Disability	<input type="text"/> / /	<input type="checkbox"/> Yes, please state when: <input type="text"/> / / <input type="checkbox"/> No, please complete Contribution remittance
Given names <input type="text"/> Surname <input type="text"/> Address <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Member No. <input type="text"/> Date of Birth <input type="text"/> / /	<input type="checkbox"/> Resigned <input type="checkbox"/> Death <input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> Disability	<input type="text"/> / /	<input type="checkbox"/> Yes, please state when: <input type="text"/> / / <input type="checkbox"/> No, please complete Contribution remittance
Given names <input type="text"/> Surname <input type="text"/> Address <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Member No. <input type="text"/> Date of Birth <input type="text"/> / /	<input type="checkbox"/> Resigned <input type="checkbox"/> Death <input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> Disability	<input type="text"/> / /	<input type="checkbox"/> Yes, please state when: <input type="text"/> / / <input type="checkbox"/> No, please complete Contribution remittance

Signed on behalf of the employer by its authorised representative: X
 Date: / /

Note: Please ensure that ALL employee details are completed as processing delays may occur if this is not the case.

For further information, please call Asteron Client Services on 1300 361 755

Forward form to: Connolly Temple Employer Super Plan, GPO Box 1576 Sydney NSW 2001