

# Employer Payment Authority

This form is to be completed by an authorised officer of the employer.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided.

## 1 Employer details

Employer name

Employer code

## 2 Member details

Member number

Title  Surname

Given name(s)

**Current residential address**

Unit No  Street No

Street name

Suburb  State  Postcode

Date of birth  /  /  Date joined company  /  /

## 3 Payment details

Cessation The above member ceased employment on  /  /  for the following reason:

Resignation

Retirement

Serious ill health

Other (If other, please provide details below)

OR

Transfer The above member has not ceased employment and we authorise you to transfer that member's benefit to the superannuation fund advised by the member. Future contributions will be paid to the member's new superannuation fund.

## 4 Contributions to exit date

Have all contributions been remitted for this member? Yes  No

If 'No', final contribution will be remitted on:  /  /

In the event that your former employee submits a request to transfer their account, we are required to make the transfer within 3 days of redeeming their investment options (and within 30 days of their request) if they are a Choice member and within 3 days if they are a MySuper member.

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## 5 Signature

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Please ensure that this section is completed only by an authorised officer you have formally nominated.

Name of authorised officer	<input type="text"/>
Job/Title position	<input type="text"/>
Email address of authorised officer	<input type="text"/>
Phone number	<input type="text"/>
Authorised signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

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Please forward all correspondence and queries to

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