

Notification of Retirement or Resignation Form

WEST STATE SUPER, GESB SUPER AND ALLOCATED PENSION

Member Services Centre 13 43 72 Facsimile 1800 300 067 gesb.com.au
PO Box J 755, Perth WA 6842 Level 4 Central Park, 152 St Georges Terrace, Perth

Complete this form to advise GESB that you have met a retirement condition of superannuation release, but do not want to withdraw your super benefit at this time.

This will allow you to access your super should your employment situation change. If you are aged 65 or over you can access your super at any time and do not need to complete this form.

To withdraw part or all of your super benefit, fill out a Benefit Access Form available from your Member Services Centre on 13 43 72.

SECTION 1 YOUR DETAILS

GESB member number

WIN No. Office Use Only

Mr Mrs Miss Ms Other

Surname (family name) please print

Given names

Date of birth / / Male Female

Residential address

Postcode

Postal address (if different from residential)

Postcode

Email address

Telephone – home

Telephone – work

Telephone – mobile



Note: GESB has a Privacy Statement to ensure that it handles private information about individuals responsibly. Our Privacy Statement is available on our website or can be obtained by contacting your Member Services Centre.

Government Employees Superannuation Board ABN 43 418 292 917

SECTION 2 REASON FOR BENEFIT ELIGIBILITY

This form can only be completed on or after the date of retirement or resignation from your employment.

Please ✓ the statement that applies to you:

I have reached preservation age (currently 55) and have permanently retired from all employment.

Date of retirement: / /

I have reached age 60 and have resigned from current employment.

Note:

- GESB may contact your employer to confirm employment details.
- If you are aged 65 years or over, you do not need to complete this form as you can now access your super at any time.

SECTION 3 DECLARATION AND ACKNOWLEDGEMENT

I declare that the information provided on this form is true and correct.

Your signature

Date

Penalties may apply if you make a false declaration.

If you require more information, contact your Member Services Centre on 13 43 72.

Send your completed form to:

GESB
PO Box J 755
Perth WA 6842

FOR OFFICE USE ONLY