

Employer to complete when a Quadrant Investment Choice, Quadrant Personal Super or Quadrant Accelerated Benefits member ceases employment or provides a Choice of Fund election.

Reason for ceasing contributions to Quadrant

Please tick:

Ceased employment

Date:

Choice of Fund election *(where a member has not ceased employment but have chosen to contribute to another fund)*

Member details

Given names:

Surname:

Date of birth:

Member number:

Final contributions

Are there any further contributions yet to be made by you to Quadrant on behalf of this member? Yes No

If yes, what date will contributions be sent?

Date:

Employer details

Employer name:

Name of person completing form:

Contact number:

Signature:

Date:

September 2010