



Australian  
Reward  
Investment  
Alliance

# CSS Estimate Request Form

(Member use only)

Please fill in this form if you will be exiting in the **next 12 months** and would like a benefit estimate.

AGS number

--	--	--	--	--	--	--	--	--	--

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

DAY		MONTH		YEAR						
		/				/				

Exit date

DAY		MONTH		YEAR						
		/				/				

Exit salary

\$										
----	--	--	--	--	--	--	--	--	--	--

Phone number

--	--	--	--	--	--	--	--	--	--	--	--

**Exit type** (please tick one)

Involuntary retirement  
(Retrenchment)

Resignation and dismissal

Age retirement

Death

Invalidity retirement

Sick leave start date

DAY		MONTH		YEAR						
		/				/				

**Estimate to be returned by** (please tick one)

Email

Email address


Post

Postal address


STATE

POSTCODE

Fax

Fax Number

--	--	--	--	--	--	--	--	--	--	--

SIGNATURE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE

DAY		MONTH		YEAR						
		/				/				

## Privacy

Your privacy is important to us. We are collecting information on this form to administer your super. If you'd like to read ARIA's privacy and security statement, visit <http://www.aria.gov.au/privacy.shtml>.