Australian Reward Investment Alliance

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. If you exited due to an involuntary retirement (retrenchment), an estimate will be calculated once your employer submits the estimate request.

Reference number (AGS)

Surname

Given names

Date of birth — D D / M M / Y Y Y Y

Date of exit — D D / M M / Y Y Y Y

Exit salary — $

Phone number — BUSINESS HOURS

Exit type (please select one):
- ☐ resignation and dismissal
- ☐ age retirement

Estimate to be returned by (please select only one: email, post or fax):
- ☐ Member email
- ☐ Third party email
  Allow CSS to send your superannuation estimate to another person/financial advisor/ financial institution/solicitor.
  @
- ☐ Post
  POSTAL ADDRESS
  SUBURB STATE POST CODE
- ☐ Fax

Signature and date — SIGNATURE — Date signed D D / M M / Y Y Y Y

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 **www.aria.gov.au/privacy**.