



EMPLOYEE BENEFITS DIVISION
PENSION NOTIFICATION OF EXIT FORM
EB 288

Name of Company: _____

1Member ID: _____ 2TRN: _____

3Member's Name: _____
First Middle Initial Last

Date of Exit: _____
DD/MM/YYYY

Reason for Exit: Resignation [] Redundancy [] Dismissal [] Death* [] Retirement** []

Type of Retirement Benefit (if applicable): Early [] Normal [] Late [] Disability []

Date of Last Contribution: _____ Amount (\$): Required _____
DD/MM/YYYY Voluntary _____

Employer _____

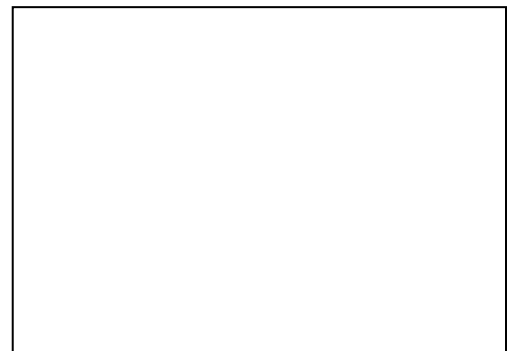
Authorised Name _____

Company Stamp:

Authorised Signature _____

Title _____

Date _____
DD/MM/YYYY



Documents Required:

- * For Death Benefits, a certified copy of the Death Certificate from the Registrar's General Department (RGD) or a completed Guardian Life Certificate of Death Form (EBD 201) should be submitted.
** For Retirement Benefits, a valid ID should be submitted for age verification. Acceptable forms of identification include Birth Certificate, National Identification, Passport or Driver's Licence. A letter from a Medical Practitioner is required for Disability Retirement.