



ESTI
04/12

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 / /

Date of exit / /

Exit salary \$

Phone number

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 PSS 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 / /

Privacy

Your privacy is important to us. We are collecting information on this form to administer your super. If you'd like to read CSC's privacy and security statement, visit www.csc.gov.au/privacy.

Your Government Super at Work

Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation or needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the PSS Product Disclosure Statement and consider its contents before making any decision regarding your super.

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