



**State Sector Retirement Savings Scheme  
LEAVING STATE SECTOR DECLARATION**

**ATTAINING AGE 50 AND LEAVING STATE SECTOR – MEMBER DECLARATION**

Under clause 15A.3 of the Superannuation Master Trust Deed, I can confirm that I have left employment with a State Sector Retirement Savings Scheme Employer and have no intention of being re-employed by any State Sector Retirement Savings Scheme Employer, either permanently or under a fixed-term agreement.

Full Name

Member ID

Signature

Date

**ATTAINING AGE 50 AND LEAVING STATE SECTOR – MOST RECENT STATE SECTOR RETIREMENT SAVINGS SCHEME  
EMPLOYER DECLARATION**

Under clause 15A.3 of the Superannuation Master Trust Deed, I can confirm that (Member Name)

has left employment with (Department/Ministry)

With effect

Signature of Authorised Officer

Date

Name of Authorised Officer

Position of Authorised Officer