Department of

**TREASURY AND FINANCE**

**NT Superannuation Office**

NTG-F12-V10

Defined Benefit Estimate Request

Please allow ten working days for the defined benefit estimate to be prepared and sent to you. If your record indicates that your employment and benefit details require auditing, your benefit estimate may take longer.

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Residential Address (compulsory) |  | | |
| Postal Address |  | | |
| AGS No |  | Phone |  |
| Date of Birth |  | Mobile |  |
| Email Address |  | | |

**Benefit estimate request**

1. I request an estimate of the defined benefits in the event of:

**□** Resignation **□** Age Retirement **□** Opt Out (if my preservation age has been met)

**(*Please note that the estimate will be as at the date the calculation is made. Additionally, the estimate will be based on current information, so cannot take into account future changes to salaries, future service or other factors impacting your defined benefits.***

2.

**□**

**□**

**□**

3.

In preparing the estimate, please assume that:

I have reached preservation age, and I have ceased employment with no intention of re-entering paid employment and working more than 10 hours per week.

I am aged 60 – 64, and an arrangement under which I was gainfully employed has come to an end after I reached age 60.

None of the above options apply to me.

I would like the estimate sent to my:

**□** Postal / Residential address (circle one)

**□** Email to:

**Disclaimer**

The information made available in the benefit estimate is intended to provide you with an estimation of the type and quantum of benefits you are entitled to and is provided as a guide only. All benefit claims are subject to an account audit. Any information provided does not constitute financial advice and should not be taken as such. As each member is ultimately responsible for making his or her own decisions, the Commissioner of Superannuation urges you to obtain professional advice (whether legal, financial or otherwise) before making any decisions. The Commissioner of Superannuation and the Northern Territory of Australia accept no responsibility for any losses arising from any use or reliance upon the information or conclusions reached using the information.

**Privacy Statement**

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| --- | --- | --- | --- |
| The Northern Territory Superannuation Office is a division of the Department of Treasury and Finance, a Northern Territory Government Agency. The privacy and confidentiality of your personal information is important to the Northern Territory Superannuation Office. The information collected will only be used for the purpose for which it was supplied and your information will not be disclosed to any third party unless required by law or authorised by you. To obtain further information about the NT Government privacy policy or the *Information Act*, please visit the NT Government website at [www.nt.gov.au.](http://www.nt.gov.au/) | | | |
| **MEMBER SIGNATURE** |  | **DATE** |  |
| **(WHERE APPLICABLE)**  **FINANCIAL ADVISER**  **FULL NAME & SIGNATURE** |  | **DATE** |  |

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