

Account Transfer to New CofCQ Employer Form

LSL Provision Savings Account – Centenary Development Foundation

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Section A. To be completed by the employee:

LSL Provision Savings Account no:

Employee's name in full:

Telephone number:

Mobile number:

Email:

Address:

Section A-1. Termination of employment details:

Finished employment with this Churches of Christ in Queensland employer:

Termination of employment date:

Section A-2. New Employment details:

Starting employment with this new Churches of Christ in Queensland employer:

New Position:

Commencement of employment date:

By signing this section, you, the employee:

1. acknowledge having read and understood the terms and conditions governing the LSL Provision Savings Account and confirm that the information provided is correct;
2. understand that the account listed in Section A will be transferred to the new Churches of Christ in Queensland employer noted in Sections A-2 and B;
3. understand that any history of this account and/or balance information will be available to the new Churches of Christ in Queensland employer in Sections A-2 and B.

Signature:

Date:

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Section B. To be completed by the new Churches of Christ in Queensland employer

Acceptance and authority:

Employer's name:			
Employee's name:		LSL Provision Savings Account number:	
Is this an additional LSL Provision Savings Account for this employer?		Yes	No

If Yes, no other form is required.

If No, also complete and enclose an Application to Open Account Form- LSL Provision Savings Account.

Primary Contact Person's Details:

Name and position:			
Email:		Mobile:	

To be signed by two authorised signatories of the new employer:

By signing this form, you:

1. acknowledge having read and understood the General Terms and Conditions and the LSL Terms and Conditions governing the LSL Provision Savings Account arrangements between you and **Churches of Christ in Queensland – Centenary Development Foundation**, and confirm that the information you have provided is correct;
2. understand that the account listed in Section A for the employee will be transferred to the new Churches of Christ in Queensland employer noted in Section B;
3. acknowledge the long service leave legal obligations remain with you as the employer and not with CDF;
4. acknowledge that by becoming the account holder of the CDF LSL Provision Savings Account, the balance transferred plus any future contributions and income credited to this account will be held for the designated employee's long service leave and long service like leave provision;
5. acknowledge the balance of the Long Service Leave Provision Savings Account in Sections A and B at transfer will not be used in part or in whole for the employer in Section B's long service leave obligation and if a refund situation arises these funds will be returned proportionately to all contributing employers;
6. acknowledge that after a period of seven years, including any previous employment periods attached to this account, there will be no entitlement for a refund of contributions, and funds can only be withdrawn from this account when accompanied by the employee's signature to cover salary payments and benefits for long service leave and long service like leave payments;
7. agree to process funds released for long service leave and long service like leave payments for the designated employee and acknowledge that any funds paid to the employee are paid as salary payments including withholding tax, any fringe benefit arrangements and making superannuation payments, if applicable and in compliance with any applicable legislation and any applicable industrial agreement. Superannuation is not included in contributions when added to nor in funds withdrawn from the account;
8. agree to notify CDF prior to the employee ceasing employment by completing and submitting a 'Notification of Termination of Employment Form';
9. acknowledge that when the employee moves to another Churches of Christ in Queensland employer within the grace period as per the intention indicated on the 'Notification of Termination of Employment Form' and a completed 'Account Transfer to New CofCQ Employer Form' has been received by CDF, the account will be transferred into the name of the new employer; and
10. agree to provide CDF any additional information or documentation that we may request at any time to enable us to provide you with the best service possible and/or maintain legislative compliance.

(1) Authorised signatory of employer		(2) Authorised signatory of employer	
Name:		Name:	
Signature:		Signature:	
Date:		Date:	