

Account Transfer to New CofCQ Employer Form

**LSL Provision Savings Account –
Centenary Development Foundation**

Email: info@cdf.org.au www.cdf.org.au
Office: 41 Brookfield Road Kenmore QLD 4069
Phone: (07) 3327 1628 **Fax:** (07) 3378 1334
Mailing: Reply Paid 469, Kenmore QLD 4069

Section A. Account Holder – Church of Christ in Queensland (CofCQ) Employer:

CofCQ Termination Employer:	
LSL Provision Savings Account No:	
Account designation: (employee's initials & surname)	LSL Provision

Contact Person's Details:

Name and position:	
Email:	Mobile:

Section B. Employee's Details:

Employee's name in full:	
Telephone number:	Mobile number:
Email:	
Address:	

Section B-1. Termination details:

CofCQ employer finishing employment with:	
Termination of employment date:	

Section B-2. New Employment details:

New CofCQ employer starting employment with:	
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 Section B-2;
3. understand that any history of this account and/or balance information will be available to the new Church of Christ in Queensland employer in Section B-2.

Signature:	Date:
------------	-------

Account Transfer to New CofCQ Employer Form

LSL Provision Savings Account – Centenary Development Foundation

Section C. Transfer Request- Account Holder (Finishing CofCQ Employer) Details:

Account Holder – Terminating
Employer's Name:

To be signed by two authorised signatories of account holder in Section A:

By signing this Transfer Form you:

1. authorise Centenary Development Foundation to transfer the LSL Provision Savings Account in section A to the new CofCQ employer in Section B-2 and action the instructions contained on this form;

(1) Authorised signatory

(2) Authorised signatory

Name:

Name:

Signature:

Signature:

Date:

Date:

Section D. New Church of Christ in Queensland employer details requesting to be the account holder:

Employer's Name:
(as per registration)

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:

Section E. To be signed by two authorised signatories of the new employer listed in Section D:

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 will be transferred to the new Churches of Christ in Queensland employer noted in Section D;
3. acknowledge the long service leave legal obligations remain with you as the employer and not 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 provision;
5. acknowledge the balance at transfer will not be used in part or in whole for the employer in Section D'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

Account Transfer to New CofCQ Employer Form

LSL Provision Savings Account – Centenary Development Foundation

Service Leave and Long Service Leave Like 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 Queensland legislation and any applicable industrial agreement. Superannuation is not included in contributions when added to nor in funds withdrawn from the account;
8. as the account holder, will 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 Church of Christ in Queensland employer, you will advise CDF by completing and submitting an 'Account Transfer to New CofCQ Employer Form';
10. acknowledge that upon submission of a completed 'Account Transfer to New CofCQ Employer Form' the account will be transferred into the name of the new employer; and
11. will 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		(2) Authorised signatory	
Name:		Name:	
Signature:		Signature:	
Date:		Date:	