

Withdrawal Request for Long Service <u>Like</u> Leave form—LSL Provision Savings

Section A. Churches of Christ in Queensland (CofCQ) church or entity

Churches of Christ Foundation (the Foundation)

Church/entity name: (Investment holder) LSL Provision Savings investment number: Name: (of primary contact) Section B. Leave details and withdrawal value (To be completed by the investment holder/employer -payroll) Withdrawal amount: from funds contributed by previous employer/s (Gross amount of long service like leave payment before tax not including superannuation) Duration of leave in weeks: (Withdrawal amount value calculated as leave) Commencement date of leave: The withdrawn funds will be transferred directly to employer's linked bank account. (Contact the Foundation, if bank account has changed.) Section C. Confirmation by employee (To be completed by the employee) Employee's full legal name: Email address: By signing this form, you: 1. confirm the long service like leave details in Section B. Signature of employee:	(To be completed by the i	investment holder/employer)			
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Signature of Date:	By signing this form, you:				
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employee:	Signature of		Date:		
	employee:				



Section D. Acknowledgement, authorisation and agreement

(to be signed as per the authorised signatory instructions for the employer in Section A.)

By signing this form, you:

- 1. authorise the actions contained on the form including the withdrawal and transfer of funds; and
- 2. confirm this form has been completed accurately to the best of your knowledge.

	Authorised signatory (A)	Authorised signatory (B)	
Full name:			
Position title:			
Signature:			
Date:			

Email: this form to: Foundation@cofcqld.com.au

Postal: Reply Paid 469, Kenmore QLD 4069

Web: <u>www.cofc.com.au/Foundation</u> **Phone:** (07) 3327 1628 1300 659 644

• **Kindly note:** this instruction will only be accepted and actioned, once it is completed to the satisfaction of the Foundation and all supporting documents that fulfil the requirements have been received.