



Salary Packaging Cessation Form

Name:.....
Payroll Number.....
Phone Number:.....

I hereby wish to cease salary packaging and all related payments effective from ___ - ___ - 20___ (minimum of 2 weeks notice required)

Due to: (please circle)

- Termination of Employment Last Working Date ___ - ___ - 20___
- No longer eligible to salary package
- Other (please provide details).....
.....
.....

Any remaining Balance I nominate to be paid to:

Account Name:
BSB Number:
Account Number:

Declaration

I hereby authorise Aiim Financial Services to make the above changes to my personal and/or packaging arrangements.

Signature..... Date.....

Return Forms Via

Aiim Financial Services
PO Box 1026
Wodonga 3690

Fax: 02 60561452
Phone: 02 60566900
Email: reception@aiim.com.au