



**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