



LOSS OF SUPERANNUATION REPORT REQUEST

This data form can be used to request a calculation report into the value of superannuation lost due to a workplace or road injury, etc. This information may be needed for compensation purposes.

Contact Details:

Contact Name			
Firm			
Address			
Post Code		State	
Telephone		Fax	
Email			

Injured Party's Details:

Name		
Date of Birth		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Accident		
Date Superannuation Contributions Ceased		
Retirement Age		
Wage at Accident Date (gross p.w.)		
Current Wage (gross p.w.)		
Discount to	(eg today's date)	



Superannuation Benefit Details:

- SG Contributions Other (please specify below)

Comments:

Fees:

The fee for this report is \$440 including GST. An invoice will be forwarded with the report.

FAX TO: (03) 6224 7119 EMAIL: brian@netactuary.com.au