



YOUR  
REDUNDANCY  
SAFETY NET

# MEMBER BENEFIT CLAIM FORM

## Section 1 - Payment Type (Tick Option)

**A**  Full payment

**B**  Part Payment \$  before tax

## Section 2 - Payment method (Tick Option)

**A**  Paid by cheque and posted to your address below. Complete Sections 3 and 4 **B**  Paid directly into my bank account. Complete Sections 3, 4 and 5

## Section 3 - Member Claim Information (Please refer to reverse for assistance)

ACIRT Number	Date of Birth (dd/mm/yyyy)	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Name		
<input type="text"/>		
Street or Unit Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

Please tick this box if you are a Working Holiday Maker Visa Holder

**NOTE: A different tax rate may apply if you hold a Working Holiday Maker Visa.**

Signature of Employee



Date (dd/mm/yyyy)

**NOTE: If you do not provide copies of evidence of your termination and a Government issued Photo ID document, the fund will be unable to process your claim.**

## Section 4 - Tax File Number to be completed by the employee Member must supply TFN

Tax File Number

**NOTE: Failure to provide your tax file number will result in the Fund Administration deducting the highest marginal tax rate.**

## Section 5 - Bank Details

**NOTE: Please provide a copy of your Bank Statement or Deposit Slip showing your Name, BSB and Account Number if you want payment by direct deposit. If not received, a cheque will be posted to you.**

6 Digit Branch BSB Number

Account Number

Account Name

We will use the Bank Account Details to pay to you by Electronic Funds Transfer (EFT) any future Distributions and Claims to which you may be entitled. By signing above you are declaring:

1. That the Bank Account Details I have provided are true and correct;
2. It is my responsibility to inform ACIRT if my Bank Account Details change.

Please refer to the reverse side for information on how to complete this form.

When completing this form, please use **black** pen and print in CAPITAL letters

# Information to assist members in completing the benefit claim form

## 1. Redundancy

You are entitled to payment of the amount paid into the Trust by employers on your behalf if:

- (a) You claim for payment within twelve (12) months of being made Redundant; or
- (b) You Leave the Industry

**“Redundancy”** means termination or cessation of employment for any reason (other than if your employer is dissolved or wound up and a new employer takes over its obligation in respect of the Trust).

If you are moving to a different position or changed roles within your current employer and do not receive ACIRT contributions in your new role, you are not eligible to claim. You are eligible to claim contributions from previous employers.

**“Leaving the Industry”** means ceasing employment with any Employer that has paid contributions into the Trust or with any employer in the Construction Industry and having no intention to become employed by another Employer.

By signing the claim form, you are certifying that you are entitled to your benefit.

## 2. Your entitlement

We can only pay you what we have received from your employer (s), which may not be what you are entitled to under the relevant award or appropriate enterprise agreement. If you believe that your employer has not paid your correct entitlement into the trust, you need to contact the employer(s) and claim the difference.

If a distribution is paid, and your account balance is above the minimum account balance, you will receive an amount that reflects the period your account was in the Trust.

Where the trust has made a loss, the Trustee may decide to debit your account for negative returns.

## 3. Taxation

We are required by law to deduct tax from your benefit when you claim it.

Different rates apply to benefits paid after 12 months from termination. Different rates may also apply to Working Holiday Maker Visa holders.

Taxation laws change from time to time, so please refer to the Member Section of the website under “Tax Implications”.

## 4. Your right to privacy

ACIRT will only collect your personal information for the “primary purpose” of establishing and maintaining your Redundancy Account. We may at times collect your personal information directly from your employer. ACIRT will not misuse or change your personal information without your knowledge. Please call 1800 060 467 or visit our website [www.acirt.com.au](http://www.acirt.com.au) for a copy.

## Filling in the Form

To submit a Benefit Claim, a copy of a Government issued Photo ID must be provided.

One of the following documents must also be provided along with a completed claim form before payment can be made:

- Copy of an Employment Separation Certificate from your employer
- Copy of a Long Service Leave Certificate
- Confirmation from your Employer of your termination.

## Section 1

You don't have to claim all of your benefit, but there may be taxation implications if you don't claim all of your benefit within 12 months of termination.

## Section 2

You can choose to be paid by cheque or directly into your bank account.

If you choose to be paid by cheque, your cheque will be sent out three (3) business days after we have received all your documentation (refer below) plus the time that it takes your mail to be delivered.

If you choose to be paid by direct deposit, it will be processed three (3) business days after we have received all your documentation (refer below) plus the time that it takes your bank to process the deposit.

## Section 3

It is important that this Information is the same as the information we have on our system about you. If it is not, you will be required to provide a certified copy of a document, such as a drivers licence, that identifies you.

## Section 4 Tax File Number

If you are unable to supply your Tax File Number, you can authorise the administrator to obtain this information from your last employer.

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### ACIRT Administration

Locked Bag 5040  
Parramatta NSW 2124

<b>Email</b>	acirtadmin@aas.com.au
<b>Freecall</b>	1800 060 467
<b>International</b>	+61 2 8571 5457
<b>Fax</b>	1300 655 119

need further information ?

Call us on Freecall:

**1800 060 467**