



**YOUR
REDUNDANCY
SAFETY NET**

MEMBER BENEFIT CLAIM FORM

For ACIRT to process your claim, your employer must confirm your employment end date.

Members seeking to claim on the basis of **GENUINE REDUNDANCY** must also have your current employer confirm that they are **GENUINELY REDUNDANT**. See reverse for details.

The employment end reason will determine the tax withheld.

Section 1 - Claim Type (Tick Option)

Genuine Redundancy **Termination Other Than Genuine Redundancy**

Section 2 - Payment Type (Tick Option)

A **Full payment** **B** **Part Payment \$** **before tax**

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 for payment by direct deposit. We only pay by direct deposit.

6 Digit Branch BSB Number	Account Number
<input type="text"/>	<input type="text"/>
Account Name	
<input type="text"/>	

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 your employment has been terminated for whatever reason.

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. This will generally be paid in November.

Your bank may take up to forty eight hours to process the deposit into your bank account. ACIRT has no control over this.

3. Taxation

We are required to deduct tax from your benefit when you claim it, if applicable.

The amount of tax we have to deduct depends on whether or not your employer certifies you are genuinely redundant, and your age.

Full details on how we tax benefits are set out on the Member section of the website under "General Tax Information". If your employer claims you are genuinely redundant and you are not, you may be liable to pay any underpaid tax, a penalty and interest.

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 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

For Genuine Redundancy Claims we require confirmation from your employer that:

1. Your employment has been terminated because your job no longer exists;
2. Your job did not cease to exist because it was a fixed term job whose term had expired; and
3. There is no arrangement in place at the time of termination to re-employ you.

Further information for employers is available on the Employer section of the website.

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

We will only pay directly into your bank account.

Your direct deposit 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.

need further information ?

Call us on Freecall:

1800 060 467

ACIRT Administration

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