



**YOUR
REDUNDANCY
SAFETY NET**

PERSONAL DETAILS FORM

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

Personal Details

Membership Number	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Mr/Mrs/Miss/Ms	Given Names
<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Change required

Old Address			
Street Number / PO Box	Street Name		
<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
New Address			
Street Number / PO Box	Street Name		
<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tax File Number	<input type="text"/>		

Bank Details

Account Name:	<input type="text"/>		
BSB Number:	Account Number:		
<input type="text"/>	<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 below 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 sign

Please nominate your Beneficiaries over page

Signature of applicant	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Preferred beneficiary

Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>

Your right to privacy

ACIRT will 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 charge your information without your knowledge. If you would like to see ACIRT's Privacy Policy, you can call 1800 060 467 and request a copy or visit our Web site at www.ACIRT.com.au

need further information ?

Call us on Freecall:

1800 060 467

ACIRT Administration Locked Bag 5040, Parramatta NSW 2124

Freecall 1800 060 467 **Fax** 1300 655 119

Email acirtadmin@aas.com.au

Website www.acirt.com.au

