# YOUR REDUNDANCY SAFETY NET

# **APPLICATION FOR FUNERAL BENEFITS**

Part 1 – Personal Details – Member	When completing this form, please use <b>black</b> pen and print in CAPITAL letters						
Member's Surname							
Member's Given Name							
Membership Number (if known) Da	ate of Birth (dd/mm/yyyy)						
Date of Death (dd/mm/yyyy)							
Part 2 – Personal Details – Applicant							
Mr/Mrs/Miss/Ms Given Names							
Surname							
Street Number / PO Box Street Name							
Cit.	Chata Bostondo						
City	State Postcode						
Telephone number Relationship to Deceased							
Email address							
Part 3 – 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							
Bank / Building Society / ETC Name	Branch / Suburb						

### Part 4 - Statutory Declaration

I,								
Address								
of								
do solemnly and sincerely declare as follows:  I have paid* / am liable to pay* the funeral costs for (*delete whichever is not applicable)  Name of Deceased Member								
and I make this declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths ACT 1900.  MADE and DECLARED								
at		This	Day of		In the year of			
	Location		Date	Month		Year		
$\supset$			Before me					
	Signature		Signature of solicitor / Justice of the Peace					
	J.P Number							

## 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 change 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.

### Part 5 - Information

The maximum benefit payable is Twelve thousand dollars (\$12,000.00).

In order for a benefit to be paid, the applicant must provide the following.

- A death certificate of the ACIRT member; and
- Receipts for the funeral expenses incurred made out in the name of the claimant; or
- An invoice for the funeral costs from the funeral parlour.

The funeral benefit is available to ACIRT members who die on or after the 1st January 1998, who have a positive account balance and who have received an employer contribution within 26 weeks prior to death, or their account balance has reached the value of their redundancy entitlement as provided for under an Award, or Enterprise Bargaining Agreement.





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