ACIRT

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)

Mr/Mrs/Miss/Ms

Given Names

Surname

Telephone number

Email address

Change required

Old Address

Street Number / PO Box

Street Name

Suburb

State

Postcode

New Address

Street Number / PO Box

Street Name

Suburb

State

Postcode

Tax File Number

Bank Details

Account Name:

BSB Number:

Account Number:

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)

Preferred beneficiary

Name

Relationship

% of payment

Name

Relationship

% of payment

Name

Relationship

% of payment

Name

Relationship

% of payment

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

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