



Redundancy Claim Form

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

Members seeking to claim on the basis of Redundancy must also have your current employer confirm that you are Genuinely Redundant.

The employment end reason will determine the tax withheld.

All sections of the Form must be fully completed and all required supporting documentation provided to successfully process the claim.

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

Pre-claim checklist

- | | | | |
|---|--|--|--|
| ☐ Govt issued ID | ☐ Bank statement - first page | ☐ Termination letter / separation certificate | ☐ Banking details added |
|---|--|--|--|

Section 1: Claim Reason *(Please tick one only)*

- | | | | |
|-------------------------------------|------------------------------------|---|---|
| ☐ Redundancy | ☐ Dismissal | ☐ Retirement (67 or above) | ☐ End of fixed term contract |
|-------------------------------------|------------------------------------|---|---|

Section 2: Tax File Number to be completed by the member

Tax File Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please note, failure to provide your tax file number will result in the Fund Administration deducting the highest marginal tax rate.

Section 3: Member claim information *(Please refer to Page 3 for assistance)*

ACIRT Member number	Date of birth (dd/mm/yyyy)	Telephone number																																																												
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Member name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street or unit no./PO box

Street name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

State

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Claim lodgement date (dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ If you have worked for other subsidiaries within a parent company, please confirm by ticking the box.

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

NOTE 1: A different tax rate may apply if you hold a Working Holiday Maker Visa.

- NOTE 2:
1. The employer must confirm the employment start date and termination date to determine years of service.
 2. If claim is received by post, claim lodgement date will be inferred based on received date.
 3. Please ensure if you have worked for multiple subsidiaries of the same parent company, that the box above is ticked.
 4. Please refer to [link](#) for details regarding tax treatment.

Signature of Member

Date (dd/mm/yyyy)



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer name	
Employment start date (dd/mm/yyyy)	Employment termination date (dd/mm/yyyy)
Signature of Employer	
Date (dd/mm/yyyy)	

By signing this section you are attesting to the reason of termination indicated in Section 1.

NOTE: Employment termination date must be after 19/10/2026.

☐ Full payment of account balance

☐ Partial payment amount \$,

NOTE: For a partial payment, you must withdraw at least the full tax-free portion of your account balance. Any additional withdrawal amount can be chosen by you.

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

Account name

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.



Information to assist members in completing the benefit claim form

1. Redundancy

This form is for Redundancy claims only. If your claim is for Voluntary Termination, Off the Tools or another claim type, you must complete the relevant separate claim form.

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.

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 the Genuine Redundancy information confirmed by your employer, your age and years of service in relation to the current employer. The claim is subject to the tax-free threshold and ETP tax rate above this threshold.

Full details on how we tax benefits are set out on the Member section of the website under "[General Tax Information](#)".

4. Your right to privacy

ACIRT will only collect your personal information for the "primary purpose" of establishing and maintaining your 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.

Need further information?

Call us on Freecall 1800 060 467

Filling in the form

Please return your completed form to ACIRT via email or post.

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

The following documents and confirmations must be provided with a completed Redundancy claim form before payment can be made:

- Employer confirmation that the member was genuinely made redundant
- Employer name, employment start date, employment termination date and claim lodgement date confirmed by the employer
- Supporting evidence, such as a separation letter, and a copy of a Government issued ID.

Section 2

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

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 driver's licence, that identifies you.

Section 4

This section must be completed by the employer making the member genuinely redundant. The employment start date and termination date provided must match the records in our system to ensure the years of service are calculated correctly and the appropriate tax treatment is applied.

Section 5

You do not have to claim all of your benefit if partial withdrawals are permitted for your Genuine Redundancy claim. For a partial payment, you must withdraw at least the full tax-free portion of your account balance. Any additional withdrawal amount can be chosen by you. Contact ACIRT Administration if you need assistance before selecting a part payment amount.

Section 6

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.

ACIRT Administration

Locked Bag 5040
Parramatta NSW 2124

Email acirtadmin@aas.com.au

Freecall 1800 060 467

International +61 2 8571 5457

Fax 1300 655 119