Off The Tools Claim Form

1. This form is to be used by Members claiming payment of their ACIRT entitlements if they are no longer On the Tools.
2. Please ensure both authorised Employer signature and Member's signature appear in the relevant space on the form.
3. Please ensure any alterations are signed by all parties.
4. If claim is received by post, claim lodgement date will be inferred based on received date.

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

Pre-claim checklist

- ☐ Govt issued ID
- ☐ Bank statement - first page
- ☐ Banking details added
- ☐ Front page of the new contract added

Section 1: Tax File Number to be completed by the member

Tax File Number

NOTE: Failure to provide your tax file number will result in the Fund Administration deducting the highest marginal tax rate.

Section 2: Member claim information *(Please refer to Page 3 for assistance)*

ACIRT Member number

Date of birth (dd/mm/yyyy)

Telephone number

Member name

Street or unit no./PO box

Street name

Suburb

State

Postcode

Email address

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 Member

Date (dd/mm/yyyy)

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Section 3: Employer to complete *(Alternatively, your Employer can provide a letter confirming this)*

This is to certify that DOB

Membership No. was employed by this company from

to in a position requiring ACIRT contributions, and has now moved Off the Tools within the same company.

Employer name

Employer number

Contact name

Telephone number

Authorised Employer signature

Date (dd/mm/yyyy)

DISCLAIMER: Please refer to link for details regarding tax treatment.

Section 4: 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

Account name

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.

ACIRT

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Information to assist members in completing the Off the Tools claim form

1. Off the Tools

By signing the claim form, you are certifying that you are no longer entitled to receive any further ACIRT contributions.

2. Your entitlement

We can only pay you what we have received from your employer(s). 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. We will pay the distribution into the account you specified in Section 4.

3. Taxation

We are required by law to deduct tax from your benefit when you claim it.

Taxation laws change from time to time, so please refer to the Member Section of the website under "Taxation requirements".

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 of our Privacy Policy.

Filling in the Form

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

Section 1

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

Section 2

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

We will only pay directly into your bank account.

Your claim will be processed three (3) business days after we have received all your documentation plus the time that it takes your bank to process the deposit.

ACIRT Administration
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International +61 2 8571 5457
Fax 1300 655 119

1598.1 10/26 ISS1