



Voluntary Termination Claim Form

For members (under Pension Age) seeking to claim a benefit for voluntarily terminating their employment.

For ACIRT to process your claim as a voluntary termination, you must have completed and sent your irrevocable election on this form at least 24 hours prior to termination.

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

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 | ☐ Termination letter / separation certificate | ☐ Banking details added | ☐ Terminated within the last 12 months |
|---|--|--|--|---|

Section 1: Member Irrevocable Election

☐ I confirm I have made the irrevocable election to transfer my account balance to the Voluntary Termination Account.

Date of election (dd/mm/yyyy)

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Signature of the Member

Date (dd/mm/yyyy)



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By signing this election, you are confirming that all funds will be reclassified as a voluntary termination and will therefore be paid out.

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

ACIRT Member number

Date of birth (dd/mm/yyyy)

Telephone number

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Member name

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Street or unit no./PO box

Street name

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Suburb

State

Postcode

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Email address

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Claim lodgement date (dd/mm/yyyy)

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

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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: 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 4: Employer Confirmation for Termination

Employer name

Employment start date (dd/mm/yyyy)

Employment termination date (dd/mm/yyyy)

Signature of Employer

Date (dd/mm/yyyy)



By signing above, you are confirming that all the above details are correct and the employee has terminated their employment voluntarily.

NOTE:

1. If claim is received by post, claim lodgement date will be inferred based on received date.
2. Please ensure if you have worked for multiple subsidiaries of the same parent company, you have indicated above as this needs to be validated before a claim can be finally processed.
3. Please refer to [link](#) for details regarding tax treatment.

Section 5: 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.



Australia's Most Trusted
Redundancy Fund

Information to assist members in completing the benefit claim form

1. Voluntary Termination

This form is for Voluntary Termination claims only. If your claim is for Redundancy, 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 information confirmed by your employer, your age and years of service in relation to the current employer.

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.

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

Filling in the Form

This Form must be completed and sent at least 24 hours prior to your termination date.

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

- Employer confirmation that the member's employment has terminated voluntarily
- Employer name, employment start date, employment termination date and claim lodgement date confirmed by the employer
- Member confirmation that they have made the irrevocable election to the Voluntary Termination Account, including the date of election
- The election date must be the effective date and equal the employment termination date
- A copy of a Government issued ID.

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

Section 1

The member must confirm whether they have made the irrevocable election to go into the Voluntary Termination Account and provide the election date.

The election date will be the effective date and must equal the employment termination date.

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 may be required to provide a certified copy of a document, such as a driver licence, that identifies you.

Section 3

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

Section 4

This section must be completed by the employer for Voluntary Termination. The employment start date and termination date provided must match the records in our system.

Section 5

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, plus the time that it takes your bank to process the deposit.

Need further information?

Call us on Freecall 1800 060 467

ACIRT Administration

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Parramatta NSW 2124

Email acirtadmin@aas.com.au

Freecall 1800 060 467

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