

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

Personal details

Membership number										Date of birth (dd/mm/yyyy)														
<input type="text"/>										<input type="text"/>														
Mr/Mrs/Miss/Ms					Given names																			
<input type="text"/>					<input type="text"/>																			
Surname																								
<input type="text"/>																								
Telephone number										Email address														
<input type="text"/>										<input type="text"/>														

Change required

Old address																								
Street number / PO box										Street name														
<input type="text"/>										<input type="text"/>														
Suburb															State					Postcode				
<input type="text"/>															<input type="text"/>					<input type="text"/>				
New address																								
Street number / PO box										Street name														
<input type="text"/>										<input type="text"/>														
Suburb															State					Postcode				
<input type="text"/>															<input type="text"/>					<input type="text"/>				
Tax File Number																								
<input type="text"/>																								

Bank details

Account name:																								
<input type="text"/>																								
BSB number										Account number														
<input type="text"/>										<input type="text"/>														
<p>By signing below you are declaring:</p> <ol style="list-style-type: none"> 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. 																								

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.

Please sign

Please nominate your Beneficiaries over page

Signature of applicant															Date (dd/mm/yyyy)									
<input type="text"/>															<input type="text"/>									

Preferred beneficiary

Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>
Name	
<input type="text"/>	
Relationship	% of payment
<input type="text"/>	<input type="text"/>

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

Email acirtadmin@aas.com.au

Freecall 1800 060 467

International +61 2 8571 5457

Fax 1300 655 119