



Building a secure and better **Future** for you

# Application for membership

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

## Member details

Mr/Mrs/Miss/Ms	Given Names		
Surname			
Street Number / PO Box		Street Name	
Suburb		State	Postcode
Date of Birth		Contact number	
Email address			
Occupation/Classification			
Employer/Company name			
Date commenced working with this employer			

## Tax File Number

**Please note:** It is important that you provide your tax file number. Failure to provide it, may cause the administrator to deduct tax at the highest marginal rate, on annual income distribution, redundancy and other benefit payments.

Your Tax File Number

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## Preferred beneficiary

Name of Beneficiary		Note: portions must equal 100%
Relationship (Eg. Wife, Son)	Portion of Benefit	
Name of Beneficiary		
Relationship	Portion of Benefit	

**Please sign**

*If more beneficiaries, continue over page*

Signature of applicant



Date (dd/mm/yyyy)

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## Preferred beneficiary – continued

Name of Beneficiary										Note: portions must equal 100%									
Relationship (Eg. Wife, Son)										Portion of Benefit									
										%									
Name of Beneficiary																			
Relationship										Portion of Benefit									
										%									
Name of Beneficiary																			
Relationship										Portion of Benefit									
										%									

## 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 information directly from your employer. ACIRT will not misuse or change 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](http://www.ACIRT.com.au).

need further information ?  
 Call us on Freecall:  
**1800 060 467**

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