



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

C + BUS Membership Number

Mr/Mrs/Miss/Ms

Given Names

Surname

Street Number / PO Box

Street Name

Suburb

State

Postcode

Date of Birth

Contact number

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

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)

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.

need further information ?

Call us on Freecall:

1800 060 467



ACIRT Administration Ground Floor, 1A Homebush Bay Drive, Rhodes NSW 2138

Freecall 1800 060 467 **Fax** 1300 655 119