

# Benefit Transfer request

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

## Personal details

Mr/Mrs/Miss/Ms	Given Names		
<input type="text"/>	<input type="text"/>		
Surname			
<input type="text"/>			
Street Number / PO Box		Street Name	
<input type="text"/>		<input type="text"/>	
City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (dd/mm/yyyy)		Phone number	
<input type="text"/>		<input type="text"/>	
ACIRT / C + BUS Membership Number			
<input type="text"/>			

## Transfer details

Name of Fund transferring to			
<input type="text"/>			
Street Number / PO Box		Street Name	
<input type="text"/>		<input type="text"/>	
City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I acknowledge that:

1. The Trustee may in its discretion accept or reject this application.
2. If the transfer is not reasonably practicable, the Trustee may in its discretion regard me as having left the building and construction industry, in which case I will receive as a direct payment to me, the amount credited to my ACIRT account.
3. The transfer of funds resulting from this application takes the place of any payment to which I would otherwise be entitled from the ACIRT Trust.
4. I will cease to be a 'member' for the purposes of the ACIRT Trust on the transfer of funds as a result of this application.
5. Upon the transfer of all amounts credited to my ACIRT account, the Trustee bears no responsibility for any loss or detriment I may suffer or incur as a result of or in respect of the transfer of such funds resulting from this application and I release the Trustee from all claims, demands and liabilities in relation to such loss or detriment.

### 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 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 @ [www.acirt.com.au](http://www.acirt.com.au)

Signature of applicant

Date (dd/mm/yyyy)