

Application for membership

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

Member 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"/>	
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth		Contact number	
<input type="text"/>		<input type="text"/>	
Email address			
<input type="text"/>			
Employer/Company name			
<input type="text"/>			
Date commenced working with this employer			
<input type="text"/>			

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

Bank Details

Account Name:

BSB Number:

Account Number:

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 below 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 sign

Please nominate your Beneficiaries over page

Signature of applicant



Date (dd/mm/yyyy)

Preferred beneficiary

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	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 Locked Bag 5040, Parramatta NSW 2124

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

Email acirtadmin@aas.com.au

Website www.acirt.com.au

