



**YOUR
REDUNDANCY
SAFETY NET**

BENEFIT TRANSFER REQUEST

Personal details

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

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

Transfer details

Termination Date (dd/mm/yyyy)				Name of other fund I am transferring to											
My other fund member number															
												My new employer is contributing to my other fund		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fund Street Number / PO Box				Street Name											
City								State		Postcode					
I acknowledge that:															
<ol style="list-style-type: none">1. The Trustee may in its discretion accept or reject this application.2. Any transfer request requires a termination date.3. The Trustee will only consider transfer requests to another approved worker entitlement fund if it considers that rollover fund to have reciprocal benefit payments.4. 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.5. 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.6. 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															
Signature of applicant															
												Date (dd/mm/yyyy)			



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