



**YOUR
REDUNDANCY
SAFETY NET**

DECEASED MEMBER CLAIM FORM

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

Deceased Member Details *(Full Name of Deceased Member)*

Mr/Mrs/Miss/Ms	Given Names	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Last known address		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACIRT Membership Number (if known)		
<input type="text"/>		
Date of Birth (dd/mm/yyyy)	Date member died (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	

Claimant's/Beneficiary Details *(Full Name)*

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"/>
Telephone number	Relationship to Deceased	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		
Beneficiary/Claimant's Signature		
<input type="text"/>		

Contacting Details of Person acting on behalf of Claimant/Beneficiary *(Full Name -Solicitor/Authorised Person)*

Mr/Mrs/Miss/Ms	Given Names
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	
Telephone number	
<input type="text"/>	
Email address	
<input type="text"/>	

Statutory Declaration

Note: The following section must be completed by the Claimant/Beneficiary and the signature witnessed by a justice of the Peace/Solicitor/ Approved person in your State or Territory.

I, <input type="text"/>		Street Name <input type="text"/>	
of <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	
do solemnly and sincerely declare that the information I have provided on this Claim Form is to the best of my knowledge true and correct and I make this solemn declaration consciously believing the same to be true, and by virtue of the provision of the legislation in the State/Territory of <input type="text"/>			
Subscribed and declared, <input type="text"/>			
this <input type="text"/>		day of <input type="text"/>	
Two thousand and <input type="text"/>			
before me <input type="text"/>			
Signature of Justice of Peace	*Claimants(s) Signature(s)		
<input type="text"/>	<input type="text"/>		

Persons making a false statement in a statutory Declaration are liable to the penalties as set out in: NSW: Oaths Act 1990. NT: Northern Territory Oaths Act. VIC: Evidence Act of 1958. TAS: Section 132 of the Evidence Act 1910. QLD: Oaths Act 1867-1981. WA: Evidence Act of 1906. SA: Oaths ACT 1936-1969.

Dependency Statement

I, <input type="text"/>		Street Name <input type="text"/>	
of <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	
Relationship <input type="text"/>			
do solemnly and sincerely declare that I was the <input type="text"/>			
of the deceased member and at the time of his/her death I was: (please tick the appropriate box)			
<input type="checkbox"/>	Wholly financially dependent, upon the deceased	<input type="checkbox"/>	Partially financially dependent, upon the deceased
<input type="checkbox"/>	Non financially dependent, upon the deceased (Please Provide the following)		
Your Tax File Number <input type="text"/>		Your Date of Birth (dd/mm/yyyy) <input type="text"/>	
The information that I have provided on this form is to the best of my knowledge true and correct and I make this solemn declaration consciously believing the same to be true, and by virtue of the provisions of the legislation in the State/Territory of <input type="text"/>			
Subscribed and declared, <input type="text"/>			
this <input type="text"/>		day of <input type="text"/>	
Two thousand and <input type="text"/>			
before me <input type="text"/>			
Signature of Justice of Peace	Beneficiary/Claimant's Signature		
<input type="text"/>	<input type="text"/>		
Number of Justice of Peace <input type="text"/>			

Privacy

ACIRT collects personal information for the 'primary purpose' of running a Redundancy account. ACIRT will not misuse or change any personal information given. The ACIRT 'privacy policy' is available by calling 1800 060 467 and requesting a copy or visit our Web site.

Information in respect to a deceased membership claim

The beneficiary or claimant is required to supply copies of the following documents with the completed "Deceased Membership Claim Form" when lodging a claim with the Fund Administrators.

- The death certificate
- The birth certificate or government issued ID which shows the date of birth of the member
- The will or letters of administration, issued by the court.
- The marriage certificate or other proof of dependency *Note: If you do not have a marriage certificate or other proof of dependency, please complete the dependency statement above.*



ACIRT Administration Locked Bag 5040, Parramatta NSW 2124

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Website www.acirt.com.au

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