



**YOUR
REDUNDANCY
SAFETY NET**

OFF THE TOOLS CLAIM FORM

1. This form is to be used by Employees claiming payment of their ACIRT entitlements if they are no longer On the Tools.
2. Please ensure both authorised Employer signature and Worker's signature appear in the relevant space on the form.
3. Please ensure any alterations are signed by all parties.

Section 1 - Payment Type (Tick Option)

A Full payment

B Part Payment \$ before tax

Section 2 - Member Claim Information (Please refer to reverse for assistance)

| | | |
|--------------------------------|----------------------------|--|
| ACIRT Number | Date of Birth (dd/mm/yyyy) | Telephone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Member Name | | |
| <input type="text"/> | | |
| Street or Unit Number / PO Box | Street Name | |
| <input type="text"/> | <input type="text"/> | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address | | |
| <input type="text"/> | | |
| Signature of Employee | | NOTE: If you do not provide copies of a Government issued Photo ID document, the fund will be unable to process your claim. |
| <input type="text"/> | Date (dd/mm/yyyy) | |
| <input type="text"/> | <input type="text"/> | |

Section 3 - Employer To Complete (Alternatively, your Employer can provide a letter confirming this)

| | | | | | | | | | |
|-------------------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| This is to certify that | <input type="text"/> | DOB: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Membership No | <input type="text"/> | was employed by this company from | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| to | <input type="text"/> | in a position requiring ACIRT contributions. | | | | | | | |
| Employer Name | <input type="text"/> | | | | Employer Number | <input type="text"/> | | | |
| Contact Name | <input type="text"/> | | | | Telephone Number | <input type="text"/> | | | |
| Authorised Employer Signature | | | | | | | | | |
| <input type="text"/> | | | | | | | | | |

Section 4 - Tax File Number to be completed by the employee Member must supply TFN

| | | |
|-----------------|----------------------|--|
| Tax File Number | <input type="text"/> | NOTE: Failure to provide your tax file number will result in the Fund Administration deducting the highest marginal tax rate. |
|-----------------|----------------------|--|

Section 5 - Bank Details

NOTE: Please provide a copy of your Bank Statement or Deposit Slip showing your Name, BSB and Account Number as we only pay by direct deposit.

| | |
|---------------------------|----------------------|
| 6 Digit Branch BSB Number | Account Number |
| <input type="text"/> | <input type="text"/> |
| Account Name | |
| <input type="text"/> | |

Please refer to the reverse side for information on how to complete this form. Please use black pen and print in CAPITAL letters.

Information to assist members in completing the Off the Tools claim form

1. Off the Tools

By signing the claim form, you are certifying that you are no longer entitled to receive any further ACIRT contributions.

2. Your entitlement

We can only pay you what we have received from your employer (s). If you believe that your employer has not paid your correct entitlement into the trust, you need to contact the employer(s) and claim the difference.

If a distribution is paid, and your account balance is above the minimum account balance, you will receive an amount that reflects the period your account was in the Trust. We will pay the distribution into the account you specified in Section 5.

3. Taxation

We are required by law to deduct tax from your benefit when you claim it.

Taxation laws change from time to time, so please refer to the Member Section of the website under "Tax Implications".

4. Your right to privacy

ACIRT will only 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 personal information without your knowledge. Please call 1800 060 467 or visit our website www.acirt.com.au for a copy of our Privacy Policy.

Filling in the Form

To submit a Benefit Claim, a copy of a Government issued Photo ID must be provided.

Section 1

You don't have to claim all of your benefit, but there may be taxation implications if you don't claim all of your benefit.

Section 2

It is important that this Information is the same as the information we have on our system about you. If it is not, you will be required to provide a certified copy of a document, such as a drivers licence, that identifies you.

Section 4 Tax File Number

If you are unable to supply your Tax File Number, you can authorise the administrator to obtain this information from your employer.

Section 5

We will only pay directly into your bank account.

Your claim will be processed three (3) business days after we have received all your documentation plus the time that it takes your bank to process the deposit.

ACIRT Administration

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Parramatta NSW 2124

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International +61 2 8571 5457
Fax 1300 655 119

need further information ?

Call us on Freecall:

1800 060 467