



**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 Membership Number													

Transfer details

Name of other fund I am transferring to													
My other fund member number													
Fund Street Number / PO Box				Street Name									
City								State		Postcode			

I acknowledge that:

1. The fund I am transferring to may not confer equivalent benefits;
The other fund may not pay the whole of my account balance to me on termination of employment for any reason;
The other fund may not distribute income earned on my account balance to me.
2. The transfer of funds resulting from this application takes the place of any payment to which I would otherwise be entitled from ACIRT.
3. I will cease to be a 'member' for the purposes of the ACIRT Trust Deed on the transfer of funds as a result of this application.
4. 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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