

# EMPLOYEE BENEFICIARY NOMINATION FORM

(For more than 3 Beneficiaries please provide a 2<sup>nd</sup> form)

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## MEMBER DETAILS

CIRT ID:  Member's Name:   
Date of Birth:

## PREFERRED BENEFICIARY

Portions must add to 100%. Any existing beneficiaries will be replaced by those listed below

1) Title: Mr/Mrs/Miss/Ms

Given Names:  Surname:   
Home Address:   
Suburb:  State:  Post Code:   
Relationship:  Portion of Benefit:  %

2) Title: Mr/Mrs/Miss/Ms

Given Names:  Surname:   
Home Address:   
Suburb:  State:  Post Code:   
Relationship:  Portion of Benefit:  %

3) Title: Mr/Mrs/Miss/Ms

Given Names:  Surname:   
Home Address:   
Suburb:  State:  Post Code:   
Relationship:  Portion of Benefit:  %

CIRT 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. CIRT will not misuse or change your information without your knowledge. If you would like to see CIRT's Privacy Policy, visit our Website at [www.cirt.com.au](http://www.cirt.com.au)

Signature:  Date:

Witness Name:

Witness Address:

(Witness must be 18 years of age or older)

Witness Signature:  Date:

Please email completed form to [enquiries@cirt.com.au](mailto:enquiries@cirt.com.au)