

Employee Beneficiary Nomination Form



(For more than 5 Beneficiaries please provide a 2nd form)
When completing this form, please use **black** pen and print in CAPITAL letters.

Member Details

Member Number	Mr/Mrs/Miss/Ms	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Date of Birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	
Telephone Number	Email Address	
<input type="text"/>	<input type="text"/>	

Nominate your beneficiaries

Provide details of your legal personal representative or any dependants who may be entitled to your account if you die. For every beneficiary you nominate, you can only specify one type of relationship (e.g. spouse, child, interdependent or financial dependent). Please use the spaces provided for the benefit percentages (% of benefit) section to add up to 100%.

The CIRT Trust Deed allows benefits to be paid in the event of your death and can only be paid to your dependents, or to your legal personal representative. Under the provisions of the Trust Deed, the Trustee alone is responsible for deciding to whom, and in what proportions your death benefit should be paid. In making this decision, the Trustee will take into account your nomination of beneficiary. It is therefore important to update your beneficiary if your personal circumstances change.

Full Name	Relationship	Residential Address	% of Benefit
Given Name <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial Dependant	Street Address <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Legal Personal Representative (Executor or Administrator of Your Estate)	Suburb/State/Postcode <input type="text"/>	
Given Name <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial Dependant	Street Address <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Legal Personal Representative (Executor or Administrator of Your Estate)	Suburb/State/Postcode <input type="text"/>	
Given Name <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial Dependant	Street Address <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Legal Personal Representative (Executor or Administrator of Your Estate)	Suburb/State/Postcode <input type="text"/>	
Given Name <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial Dependant	Street Address <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Legal Personal Representative (Executor or Administrator of Your Estate)	Suburb/State/Postcode <input type="text"/>	
Given Name <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial Dependant	Street Address <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	<input type="checkbox"/> Child <input type="checkbox"/> Legal Personal Representative (Executor or Administrator of Your Estate)	Suburb/State/Postcode <input type="text"/>	
TOTAL MUST ADD UP TO 100%			<input type="text"/> <input type="text"/> <input type="text"/> %

Privacy

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

Declaration

I confirm to the best of my knowledge, the information I have provided on this form is accurate and complete.

I undertake to provide CIRT Administration with any further information that may be requested relating to my membership and I will provide an update if any of the provided information changes.

I confirm that I have read and understood the CIRT Privacy Policy.

Applicant’s Signature



Date