

APPLICATION FOR PAYMENT OF BENEFIT

NOTE: Please PRINT all details on this form clearly.

BENEFIT DETAILS

Please mark the benefit being claimed:

Redundancy **Withdrawal (Leaving Industry)¹** **Retirement** **Financial Hardship²**

¹Leaving the Industry benefits will only be paid after a 12 month waiting period. See item 3 below.

²Please contact the administrator, as additional documentation is required and conditions must be met for hardship claims.

MEMBER DETAILS

Member No: Name:

Postal Address:

Suburb: State: Postcode:

Date of Birth: Phone Number:

Email:

Tax File Number:

Last Employer:

Date Employment Commenced: Date Employment Ceased:

Were you employed on a Working Holiday Visa? **Yes** **No**

PAYMENT DETAILS

Please also provide a copy of a Bank Statement for the account (showing BSB, account number and your name).

Account Name:

BSB Number: Account Number:

IDENTIFICATION DETAILS

Please supply a certified copy of an identification document (i.e. driver licence or passport)
OR authorisation to electronically verify your details.

I consent to the details provided being used to electronically verify my identity.
Please note that we will use these details to check the information with the Official Record Holder.

Australian Passport No:

OR

Driver Licence No: State: Card Number:

Please email completed form to enquiries@cirt.com.au



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IMPORTANT

IMPORTANT - PLEASE NOTE

1. Please complete all details in full, to ensure quick processing of your claim.
2. Claims other than as a result of redundancy **MUST** be submitted to the administrator **WITHIN 12 months** of employment termination to be eligible for reduced tax rates. For more information on current tax rates, visit: www.cirt.com.au
3. A \$40 fee applies to most claims.
4. Contributions are usually made to CIRT the month after they are earned. Unless notified otherwise, your claim will be processed after your final contribution has been received.
5. Payments received by all employers up to and including the employer listed above will be processed.
6. Payments will be reported to the ATO through Single Touch reporting. No PAYG summaries will be issued. Confirmation of payment will be sent via email to members who have supplied email addresses.

Select: Please wait for final contribution/s Please don't wait for final contribution/s

DECLARATION

I authorise payment of my benefit as instructed on this form.
I hereby declare that the information provided is true and correct.

Applicant's Signature:

Date:

Please email completed form to enquiries@cirt.com.au

P 1300 200 123 E enquiries@cirt.com.au W www.cirt.com.au A Level 1, East Tower, 410 Ann Street, Brisbane Qld 4000

Address all correspondence to: GPO Box 701 Brisbane QLD 4001

CIRT (QLD) PTY LTD ABN 49 011 050 329 Trustee of Contracting Industry Redundancy Trust (CIRT) ABN 18 414 343 407