



**Contracting Industry
Redundancy Trust**

APPLICATION FOR PAYMENT OF BENEFIT

VALID FOR SUBMISSION UNTIL 30 JUN 2019
REV#2018-06

ABN 49 011 050 329
8 McIlwraith Street, Everton Park, Brisbane
P.O. Box 42, Everton Park, 4053, Brisbane
Phone (07) 3506 7788 Fax (07) 3506 7700
Toll Free Outside Brisbane 1300 200 123
Website www.cirt.com.au
Email enquiries@cirt.com.au

Benefit being claimed: Redundancy Retirement
 Withdrawal (Leaving the Industry)¹ 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.*

CIRT ID: _____ Member's Name: _____

Postal Address: _____
_____ Postcode: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Tax File Number: _____ (Please ensure that your Tax File Number is on this form)

Name of Employer: _____

Date Employment Commenced: _____ Date Employment Ceased: _____

Were you employed on a Working Holiday Maker (WHM) Visa? Yes No

BANK ACCOUNT DETAILS FOR PURPOSES OF ELECTRONIC REIMBURSEMENT
ACCOUNT NAME: _____
BANK: _____ BRANCH: _____
BSB NUMBER: _____ ACCOUNT NUMBER: _____

IMPORTANT – PLEASE NOTE

- 1 All details must be given in order for your claim to be processed.
- 2 If you are applying for a benefit payment other than as a result of redundancy, please contact the administrator for the other information required
- 3 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
- 4 A \$40 fee applies to most claims
- 5 **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**
- 6 Payments received by all employers up to and including the employer listed above will be processed.

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

Member's Signature: _____ Date: _____

TRUSTEE: CIRT (QLD) Pty Ltd A.C.N. 011 050 329
Administered by: Malcolm V. Leeke & Co.
PLEASE COMPLETE AND SEND TO CIRT C/- MALCOLM V. LEEKE & CO at
Post: PO BOX 42 Everton Park QLD 4053 or email: enquiries@cirt.com.au