



Employee Beneficiary Nomination Form

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
Email enquiries@cirt.com.au
Website www.cirt.com.au

Member Details

CIRT ID: _____ Member Name: _____

Date of Birth: ____/____/____

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

1) Mr/Mrs/Miss/Ms: _____

Address: _____

_____ State: _____ Post Code: _____

Relationship: _____ Portion of Benefit: _____%

2) Mr/Mrs/Miss/Ms: _____

Address: _____

_____ State: _____ Post Code: _____

Relationship: _____ Portion of Benefit: _____%

3) Mr/Mrs/Miss/Ms: _____

Address: _____

_____ State: _____ Post Code: _____

Relationship: _____ Portion of Benefit: _____%

4) Mr/Mrs/Miss/Ms: _____

Address: _____

_____ 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 Web site at www.cirt.com.au

Member's Signature: _____ Date: _____

Witness Name: _____ Witness Address: _____

(Witness must be 18 years of age or older)

Witness Signature: _____ Date: _____

TRUSTEE: CIRT (QLD) Pty Ltd A.C.N. 011 050 329
Administered by: Malcolm V. Leeke & Co.

PLEASE COMPLETE FORM AND SEND TO CIRT C/- MALCOLM V. LEEKE & CO. at
Post: PO BOX 42 Everton Park QLD 4053 or Email: enquiries@cirt.com.au