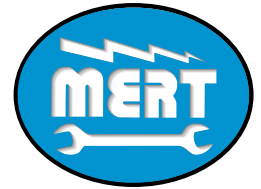


MERT Redundancy Benefit Claim



Please complete all sections in **black ink** using **BLOCK** letters and send to:
MERT Administration, Locked Bag 20, Parramatta NSW 2124 or email mertadmin@as.com.au

Section A: Employer to complete

Note: Delays will occur if Section A is not completed by the employer.

Company Name

MERT Employer Number

Employer's Telephone Number

Terminated employee details

Employee's Name

Commencement Date (dd/mm/yyyy)

Termination Date (dd/mm/yyyy)

I hereby certify that the member/employee ceased employment on the above date.

Signature of Employer/Authorised Person



Date (dd/mm/yyyy)

Section B: Member/Employee to complete

Membership Number

Date of Birth (dd/mm/yyyy)

Telephone Number

Tax File Number

Note: Providing your Tax File Number is voluntary. However, failure to do so, will result in the Fund Administrator deducting the highest marginal tax rate.

I, Mr/Mrs/Ms/Miss

Surname

Given Names

of, Street Number / PO Box

Street Name

Suburb / Town

State

Postcode

hereby request payment of: Full payment of my benefit **OR** Part payment \$, . (before tax)

Payment is to be:

directly into my bank account (details below) paid by cheque and posted to my above address rolled over (details over page)

NOTE: Please provide a copy of your Bank Statement or Deposit Slip showing your Name, BSB and Account Number if you want payment by direct deposit. If not received, a cheque will be posted to you.

Six digit Branch BSB Number

Account Number

Account Name

Bank/Building Society

Branch/Suburb

Signature of Employee



Date (dd/mm/yyyy)

