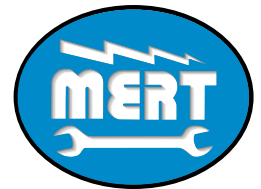


MERT

Application for Membership Form



IMPORTANT: Complete all sections in BLOCK letters and in BLACK ink. Read all the information on the back of this form.

Your Personal Details help you complete your Change of Membership Details correctly. This request will be invalid if not signed and dated.

Your Details

| | | |
|----------------------------|----------------------------|----------------------|
| Mr/Mrs/Ms/Miss | Surname | |
| <input type="text"/> | <input type="text"/> | |
| Given Names | | |
| <input type="text"/> | | |
| Street Number / PO Box | Street Name | |
| <input type="text"/> | <input type="text"/> | |
| Suburb / Town | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Personal Email Address | | |
| <input type="text"/> | | |
| Home / Mobile Phone Number | Date of birth (dd/mm/yyyy) | |
| <input type="text"/> | <input type="text"/> | |

Your Employer Details

| | |
|-------------------------|-----------------------------------|
| Employer / Company Name | |
| <input type="text"/> | |
| Employer Phone Number | Date joined Employer (dd/mm/yyyy) |
| <input type="text"/> | <input type="text"/> |

Preferred Beneficiaries

| Surname | Given Names | Relationship (eg. wife, son) | Portion of Benefit |
|----------------------|----------------------|------------------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |

MUST BE WHOLE NUMBERS. TOTAL MUST ADD TO: 100 %

Tax File Number (TFN) Notification

I agree to provide my tax file number: YES, my TFN is: NO

Please Note: You may choose to quote your tax file number. If you choose not to quote it, it will cause the administrator to deduct tax at the highest marginal rate on redundancy or other benefit payment.

Privacy

MERT collects your personal information to set up and operate a MERT membership account in your name. If you choose not to give us your personal information we may not be able to provide you with all MERT benefits. We will only share your personal information with others where required. You are able to gain access to your own personal information by asking for it. We will send you complete details of the MERT privacy policy as soon as we have set up your MERT account.

Direct Marketing

From time to time, the MERT trustees may send members communication material, also known as direct marketing material, about special offers and promotions, which are available to MERT members only.

If you are happy for MERT to use your information to send you direct marketing information tick the 'yes' box: YES

If you don't want MERT to use your personal information to send you direct marketing information tick the 'no' box: NO

Whatever you decide, you will have an opportunity to change your mind at any time.

Declaration

I apply to become a member of MERT. I acknowledge that any redundancy benefit paid by MERT will be offset against any redundancy entitlements to which I may be entitled under any industrial award or enterprise agreement.

Member's Signature



Date (dd/mm/yyyy)