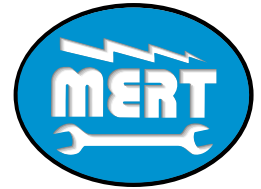


MERT Redundancy Benefit Claim



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	
<input type="text"/>	
MERT Employer Number	Employer's Telephone Number
<input type="text"/>	<input type="text"/>
Terminated employee details	
Employee's Name	
<input type="text"/>	
Commencement Date (dd/mm/yyyy)	Termination Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
I hereby certify that the member/employee ceased employment on the above date.	
Signature of Employer/Authorised Person	
<input type="text"/>	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Section B: Member/Employee to complete

Membership Number	Date of Birth (dd/mm/yyyy)	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
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.	
<input type="text"/>		
I, Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
of, 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"/>		
hereby request payment of: <input type="checkbox"/> Full payment of my benefit OR <input type="checkbox"/> Part payment \$ <input type="text"/> , <input type="text"/> (before tax)		
Payment is to be:		
<input type="checkbox"/> directly into my bank account (details below) <input type="checkbox"/> paid by cheque and posted to my above address <input type="checkbox"/> 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	
<input type="text"/>	<input type="text"/>	
Account Name		
<input type="text"/>		
Bank/Building Society	Branch/Suburb	
<input type="text"/>	<input type="text"/>	
Signature of Employee		
<input type="text"/>	Date (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	

