



Please complete all sections in **black** ink using BLOCK letters.

Once completed, please mail to **MERT Administration, Locked Bag 20, Parramatta NSW 2124.**

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

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:

paid by cheque and posted to my above address

directly into my bank account (details below)

Six digit Branch BSB Number

Account Number

Account Name

Bank/Building Society

Branch/Suburb

Signature of Employee

Date (dd/mm/yyyy)

