MUTUAL BENEFIT FUND CONTRIBUTION AGREEMENT

ReddiFund
More than Redundancy

www.reddifund.com.au
ABN 80 337 100 395

T: (08) 9481 0259
E: info@reddifund.com.au

Level 1 / Unit 2
42-44 Parliament Place
WEST PERTH WA 6005

PO Box 432
WEST PERTH WA 6872

Business Details:

I / We	Full Business Name:		
	Trading Name (if different from business name):		
of	Business Address:		
	Suburb:	State:	Postcode:
	Postal Address (if applicable):		
	Suburb:	State:	Postcode:

Phone:	E-mail:	Web:
ACN:	ABN:	
Type of trade / industry activity you are engaged in:		

I/We apply for membership as a Participating Employer to the ReddiFund Mutual Benefit Fund Discretionary Trust ("DT") established 8th June 2022. I/We have read and agree to be bound by Product Disclosure Statement (PDS). I/We confirm to receive a copy of the Financial Services Guide by email or have accessed them at www.reddifund.com.au/redundancy-fund/mutual-benefit-fund/. Upon joining the DT you acknowledge that, as part of the financial reports, the Trustee will be declaring detailed claims data to service pro viders performing specific tasks on behalf of the Trust.

I/We have voluntarily agreed with the Trustee to make Mutual Benefit Fund Contributions at the rate(s) nominated (see over). Should a change to the nominated contribution rate(s) be required, the Trustee will notify Participating Employer Members.

Please turn over page to list your Nominated Employees and Building Projects

For Sole Traders:

Signature of Employer:	Date:	Signature of Witness:	Date:

For Companies:

Signature of Director / Secretary:	Date:	Signature of Director:	Date:
Name of Director / Secretary:		Name of Director:	
Signature of Witness:		Name of Witness:	Date:

Contact Information:

Primary Contact:		Position:
Phone:	E-mail:	
Secondary Contact:		Position:
Phone:	E-mail:	
E-mail for Invoicing:		
Do you have a Registered Industrial Agreement? (if yes, please provide a copy, if no, please specify site / project): YES / NO		
Site / Project:		

PLEASE NOTE: THE FORM WILL NOT BE PROCESSED UNLESS ALL DETAILS ARE COMPLETED CORRECTLY

LIST OF PARTICIPATING EMPLOYEES

FULLNAME	ADDRESS	DOB	MOBILE	E-MAIL	START DATE	CONTRIBUTION RATE (WEEKLY INC GST)
e.g. John Richard Smith	123 Construction Drive, PERTH WA	01/06/70	0400 123 123	johnrsmith@online.net	01/08/26	$11
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$

IF THERE IS INSUFFICIENT SPACE AVAILABLE, PLEASE ATTACH A SEPARATE LIST OF ADDITIONAL EMPLOYEES