

EMPLOYER REDUNDANCY CONTRIBUTION AGREEMENT



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 hereby request that I/we become a party to ReddiFund established by Deed dated the 9th March 2004. I/We hereby apply to be a "Participating Employer" Member of the Fund and agree to be bound by the terms and conditions of the Trust Deed and Fund Regulations governing the Fund (as they are amended from time to time) and confirm that a copy of the present Trust Deed and Fund Regulations governing the Fund have been made available electronically via the following link: <https://reddifund.com.au/about-us/governance/>

I/We have voluntarily agreed with the Trustee to make Redundancy Pay Contributions at the contribution rate(s) nominated (see over). Should the nominated contribution rate(s) change over time, the Participating Employer Member must provide written notice to the Trustee of the Fund.

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

For Sole Traders:

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

