Level 1, Unit 2, 44 Parliament Place West Perth WA 6005 PO Box 432, West Perth WA 6872

MUTUAL BENEFIT FUND CONTRIBUTION AGREEMENT



I/We	Business name:						
	Trading name (if different from business name):						
of	Business address:						
	Suburb:	State:	Postcode:				
	Postal address (if different from business name):						
	Suburb:	State:	Postcode:				
ACN:		ABN:					
Type of trade/industry activity you are engaged in:							
Mem	Membership of Employer Association:						

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 providers 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

NOTE: In the case of a company this agreement is to be executed under the	e seal of the company (if applicable)				
Signature of Employer:	Signature of witness:				
Full name of Witness (please print):					
Signature of Director:					
Signature of Director/Secretary:					
Date:					
Please provide us with your:					
Telephone:					
Mobile:	Contact person:				
Email:					
Do you have a Registered Industrial Agreement with the Unions?	Yes No				

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

LIST OF PARTICIPATING EMPLOYEES

To be registered as Members of the Fund and for whom Mutual Benefit Fund Contributions are to be made

NOTE: All sections must be completed as per illustrated example on the first line

Name Surname	Mobile	Address	Date of Birth	Site	Address of Building Project	Employee Start Date	Contribution Rate Per Week inc GST
e.g. John Smith	0400 000 000	1234 Metal Grive Perth WA 6000	01/06/70	General Base Site	Not Applicable	01/08/10	\$11
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

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