

# 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:		
	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/](http://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 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**

