

## MEMBERS CLAIM FORM

Membership Number:
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Members Full Name:
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Members Address:
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Members Email:
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Members Mobile:	Working Holidaymaker: YES / NO
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Last Employer with ReddiFund:
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Bank Account Name:
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Financial Institution:
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BSB:	<input type="text"/>	Account Number:	<input type="text"/>
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Tax File Number:	<input type="text"/>
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You may choose to quote your Tax File Number to an organization paying you a termination payment. If you chose not to quote the organization must take out tax at the highest rate plus the Medicare levy.

This form may be used for the following purposes:

- To authorize your employer to disclose your Tax File Number to your superannuation fund on the termination of your employment.
- For you to quote your Tax File Number to your superannuation fund on the termination of your employment.
- For you to quote your Tax File Number to your rollover institution when making a withdrawal.

Signature:	Date:
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FOR OFFICE USE ONLY	
EXECUTOR	
SURNAME	
GIVEN NAMES	
ADDRESS	
DATE OF BIRTH	
PHONE / MOBILE	
EMAIL	
9 DIGIT TAX FILE NUMBER	
OCCUPATION	
WORKING HOLIDAYMAKER	
EMPLOYEE APPLICATION FORM	
100 POINTS IDENTIFICATION	

Date Received: