

EMPLOYEE APPLICATION FORM



I	Surname:		
	Given names:		
of	Address (do not use post office box):		
	Suburb:	State:	Postcode:

I hereby apply to the Fund to become a Member "Participating Employee" and agree to be bound by the trusts, 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 for inspection at the registered office of the Fund or that I have, in return for a copy fee, been provided with a reproduction of the present provisions of the Trust Deed and Fund Regulations.

Participating Employer's Details

Full name:			
Address:			
Suburb:	State:	Postcode:	
Telephone:	Facsimile:		

Your Details

Date you became a Participating Employee with your present Participating Employer:	
Occupation/trade:	DOB:
ReddiFund membership number (if previously issued):	
Email:	
Telephone:	Mobile:
Full name of the executor of your will:	

Your signature:	Date:
Signature of Witness:	Date:
Full name of Witness (please print):	

**PLEASE NOTE: THIS FORM WILL NOT BE PROCESSED UNLESS ALL DETAILS ARE COMPLETED CORRECTLY.
PLEASE ENSURE THAT THE FORM IS SIGNED BY YOU AND YOUR WITNESS.**