

EMPLOYEE REQUEST FOR ADDITIONAL PAYMENT

This form is to be used when you have recently made a redundancy benefits claim to Incolink and contributions relating to the period prior to your termination are received at Incolink after the claim has been paid.

Member No: _____

Employee Name: _____

Current Address: _____

Date of Birth: _____ / _____ / _____

Taxfile No: _____ / _____ / _____
 (9 digit personal Tax File Number)

I, hereby request Incolink to pay my additional redundancy funds paid by my employer, relating to my last initial claim.

PLEASE INDICATE BELOW HOW YOU WISH TO RECEIVE YOUR PAYMENT

Paid directly into my Bank account via EFT Cheque Directed payment to an approved Institution
 (Complete section below)

Name of Bank: _____

BSB Number: _____ / _____ / _____ - _____ / _____ / _____
 (this number must have 6 digits)

Bank account No.: _____

Type of Bank Account: _____

Name/s in which account is held (Claimant must be a party to this account):

To confirm that the above information is correct.

Signature: _____

Date: _____

The Redundancy Payment Central Fund Ltd A.C.N. 007 133 833
 1 Pelham Street, Carlton, Victoria 3053
 Telephone: (03) 9639 3000 Facsimile: (03) 9639 1366
 Toll Free: 1800 337 789
 Email: redund@incolink.org.au Web: www.incolink.org.au

Directed Payment Request

Incolink can arrange for whole or part of your entitlement to be paid direct to an approved institution. Tax will be deducted dependant on the requirements of The Tax Laws Amendment (Simplified Superannuation) Act 2007 which came into effect on 1 July 2007. Details of what tax percentage Incolink will deduct can be obtained from Incolink.

- There are three types of approved institutions:
- a) **complying superannuation fund** (for example, Cbus);
 - b) **complying approved deposit fund**; or
 - c) **life insurance company or registered organisation** (for example, one set up by your Union or a Friendly Society for the purchase of an eligible annuity).

If you wish to direct Incolink to pay some or all of your entitlement please complete the section below.

Fund name and address (if more than one fund, please attach details).

Fund Name _____

Fund Account No. _____

Fund Address _____

Post Code

Employee Details

Surname _____

Given name(s) _____

Street address _____

Post Code

Date of Birth _____ / _____ / _____

Please pay the following amounts less tax to the approved institution/s listed.

Fund Name	\$
_____	\$
_____	\$
Total directed payment	\$

If directing payments to more than one approved institution please attach details of how you would like the funds split.

Signature of Employee



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drug & alcohol counselling,
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advice, training facilitation and
apprentice assistance

IMPORTANT INFORMATION REGARDING TAX RATES

The following are the tax rates applicable to Incolink Redundancy payments effective 1 July 2007.

1. Claims paid out to an employee **under 55 years of age within 12 months** of an employees termination will be taxed at 31.5%.
2. Claims paid out to an employee **55 years or older within 12 months** of an employees termination will be taxed at 16.5%.
3. Claims paid out to an employee **more than 12 months** after their termination will be taxed at the highest marginal rate of 46.5%.
4. If no Tax File Number is provided on the claim form the withholding tax rate of 49.5% will apply.

The Redundancy Payment Central Fund Ltd.

1 Pelham Street Carlton VIC 3053
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Email redund@incolink.org.au
Web www.incolink.org.au
ACN 007 133 833 ABN 25 832 981 123

Incolink. Here to help.