

Confirmation of Termination

This section should be completed by the Employer

The following people are only authorised to sign this claim form on behalf of the employer.

- A current director of the company
- A partner of the business
- An authorised contact for the business as previously advised in writing to Incolink.

Confirmation of termination will only be accepted in the form of one of the following:

- A Separation Certificate signed by an authorised officer as listed above and bearing the company seal or stamp
- A letter from the employer on company letterhead signed by an authorised officer as listed above, confirming the employee's date of termination
- Completion of the section below which is to be signed by an authorised officer of the company as listed above. The company seal or stamp also needs to be affixed in the section provided at the bottom of the form.

If you have any questions or require any assistance, please contact our office and have your Incolink Member Number ready.

Name of Employer Company _____

Employer No. _____

Start Date / / Termination Date / /

Reason Employment terminated

- Shortage of work or redundancy
- Employee ceased work voluntarily
- Other (please give reason)

Signed on behalf of the Employer by

Full Name _____

Position _____

Date
 / /

Company Seal or Stamp to be affixed below

Employee Request for Initial Payment

To be completed by Employee

Name of Employee _____

Employee's Address _____

Post Code

Home Telephone () _____

Date of Birth / /

Incolink Member No. _____

Your Tax File No
 / /

(please supply your personal 9-digit Tax File Number)

It is not against the law for you to not give Incolink your tax file number. However, tax will be deducted at the withholding tax rate if you do not give your tax file number.

I understand that the initial redundancy benefit to be paid by incolink will be the amount in my account at today's date, but not exceeding the maximum initial benefit amount as adjusted on 1 October each year (less tax at the rate determined by the Australian Taxation Office)

Preferred Payment Option

I wish to receive my payment by:

- Paid directly into my Bank Account via EFT
(Complete Electronic Funds Transfer section overleaf)
- Cheque posted following day
- Directed Payment to an approved institution
(Complete Directed Payment Request overleaf)

I, _____

(Employee's name in full)

hereby request Incolink to pay my initial redundancy benefit which I am entitled to upon termination from the employer listed overleaf.

Signed

Date
 / /

Checklist

I have

- | | |
|---|---|
| <input type="checkbox"/> Completed the Employee Request for Initial Payment section | <input type="checkbox"/> Completed the Preferred Payment Option section |
| <input type="checkbox"/> Signed and dated the form in the section above | <input type="checkbox"/> Had my employer fill in the Confirmation of Termination section or provide an acceptable form of confirmation as outlined in this form |

Electronic Funds Transfer

Incolink is able to pay your redundancy benefit as cleared funds directly into your bank account.

We will electronically transfer your money into your bank account the day the correctly authorised claim is made, provided we receive your claim by 10.00am.

This will give you direct access to the funds the following day, instead of having to wait for cheque to be cleared.

Please note:

We depend on the accuracy of the details you are providing to us. If insufficient bank details are provided, a cheque will be forwarded to your address. If this form is not completed correctly and information is missing, your claim may be delayed.

Name of Bank _____

Bank Address _____

Post Code

BSB No

/ (must be a 6-digit number)

Bank Account No (not card number)

Type of bank account _____

Name(s) in which account is held _____

(You must be a party to this account)

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 institution**:

- complying superannuation fund** (for example, Cbus);
- complying approved deposit fund**; or
- 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 Number _____

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 including the components as shown above.

Signature of Employee

Date

/ /

The Redundancy Payment Central Fund Ltd (trading as Incolink)

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Carlton Victoria 3053
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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.

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Incolink. Here to help.