

To make a claim, please read this first:

1. Fill in Part 1: Personal Details
2. Tick ONE of the options in Part 2: Type of Claim, and supply all required documentation, including if necessary, the Statutory Declaration in Part 3.
3. Indicate your preferred payment option in Part 4 and provide the necessary details.
4. Sign the Declaration in Part 5 overleaf.

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

Part 1. Personal Details

Incolink Member No. _____

Date of Birth / / _____

Name _____

Address _____

Suburb _____

Post Code

Email _____

Home Telephone () _____

Mobile _____

Your Tax File No

/ /

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

Part 2. Type of Claim

Which of the following best describes your current situation?

A. Unemployed 4 weeks (tick one)

- I have been unemployed for 4 weeks and I am registered as looking for work with Incolink's Member Services Department Employment Service. **Please go to Part 4 overleaf.**
- I have been unemployed for 4 weeks and I am registered with Centrelink. I attach an **official document from Centrelink** as proof of registration. **Please go to Part 4 overleaf.**
- I have been unemployed for 4 weeks, but I am not registered with Incolink Member Services Department or Centrelink. **Please complete the Statutory Declaration in Part 3.**

B. 39 weeks out of industry

- 39 weeks have passed since BOTH of the following occurred:
1. My last employer contributed to Incolink on my behalf; and
2. I last worked in the commercial/industrial building industry.
Please complete the Statutory Declaration in Part 3.

C. Retired

- I am over 55 years of age and retired from active employment.
Please complete the Statutory Declaration in Part 3.

D. Leaving Australia for 2 years or more

I am leaving Australia for at least 2 years.

Date I am leaving Australia

/ /

I attach **certified** copies of my:

- One-way Air Ticket; and
- Current Passport (expired passports are not acceptable).

Please complete the Statutory Declaration in Part 3.

Please go to Part 4 overleaf.

Part 3. Statutory Declaration

When completing the statutory declaration you must state exactly what you are declaring e.g. I have been unemployed for 4 or more weeks or I have been unemployed since 1 June 2007. If the declaration is not completed, signed and witnessed correctly your claim will not be able to be processed and a new claim form will be sent to you to complete.

I do solemnly and sincerely declare that:

and that the information contained in this claim is true, and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of Parliament of Victoria rendering making false declaration guilty of wilful and corrupt perjury.

Declared at _____

Signed

Date

/ /

Before me (please sign) _____

Official witness's title (must be from list below) or their stamp.

Please Note:

(i) Under s314 (3) of the Crimes Act 1958 (Vic), making a false declaration under a Statutory Declaration is deemed to be perjury, punishable by imprisonment for up to 15 years.

(ii) Your statutory declaration must be witnessed and signed by one of the following people:

- | | |
|--|---|
| 1. Barrister or Solicitor of the Supreme Court. | 9. Principal in the teaching service. |
| 2. Clerk to a Barrister or Solicitor of the Supreme Court. | 10. Secretary of any Building Society. |
| 3. Registrar or Deputy Registrar of the County Court. | 11. Minister of Religion authorised to celebrate marriages. |
| 4. Principal Registrar of any Magistrates Court. | 12. Member of the Police force. |
| 5. Member of the Parliament of the Commonwealth or Parliament of Victoria. | 13. Justice of the Peace. |
| 6. Legally qualified Medical Practitioner. | 14. Dentist. |
| 7. Councillor of any municipality. | 15. Manager of a Bank. |
| 8. Town Clerk or Shire Secretary. | 16. Pharmacist. |
| | 17. Member of the Institute of Chartered Accountants of the Australian Society of Accountants of the National Institute of Accountants. |

Please go to Part 4 overleaf.

Part 4. Payment Option

I wish to receive my payment by:

- Electronic Funds Transfer (EFT) paid directly into my Bank Account.
Complete details below.
- Cheque (posted).
Please go to Part 5 below.
- Directed to an approved institution.
Complete details in Part 6 opposite.

Please allow 3 to 5 working days for processing.

Electronic Funds Transfer (Section A)

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.

Authority to pay direct to bank account

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)

Part 5. Declaration and Signature

I confirm that all information provided on this form is correct, and I understand that payment of my claim will take 3 to 5 working days.

Signature

Date
 / /

Checklist

I have:

- Filled in Part 1
- Completed at least one section in Part 2 and supplied any requested documents and declarations, including if necessary the Statutory Declaration in Part 3.*
- Indicated my preferred payment option in Part 4 and supplied all necessary details, including if necessary the Statement in Part 6.
- Signed and dated Part 5.

*** If you have completed the Statutory Declaration, you cannot fax this form. Please post it or drop it into our office.**

The Redundancy Payment Central Fund Ltd (trading as Incolink)

1 Pelham Street
Carlton Victoria 3053
Telephone: (03) 9639 3000
Fax: (03) 9639 1366

Toll free: 1800 337 789 (regional areas only)
Email: redund@incolink.org.au
Web: www.incolink.org.au
ACN 007 133 833 ABN 22 862 951 309

Part 6. 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

Please go back to Part 5 to sign the Declaration.