Incolink
A joint enterprise of employer associations and unions in the building and construction industry

Incolink Genuine Redundancy Account Cancellation Form

CANCELLATION FORM

Office use only

Date received: / /

THIS FORM SHOULD ONLY BE COMPLETED BY INCOLINK MEMBERS WHO HAVE APPLIED FOR GENUINE REDUNDANCY ACCOUNT AND WISH TO REVOKE THEIR APPLICATION WITHIN THEIR 14 DAY COOLING OFF PERIOD.

Incolink Member No ☐☐☐☐☐☐

First Name _____

Surname _____

Address _____

_____ Postcode ☐☐☐☐

Home Telephone (☐☐) ☐☐☐☐☐☐☐☐ Mobile Number ☐☐☐☐☐☐☐☐☐☐

E-mail Address _____

Date of Birth ☐☐/☐☐/☐☐☐☐

Hereby request Incolink cancel my application to administer my redundancy Account from my Incolink Severance/ Redundancy Account into an Incolink Genuine Redundancy Account, and acknowledge by cancelling my application my account will be treated as a Severance/Redundancy Account.

I understand this form must be received by Incolink within the 14 days from the date Incolink received my Genuine Redundancy Application Form.

PLEASE NOTE: if Incolink does not receive this within the 14 day cooling off period my account will become Incolink Genuine Redundancy Account, and the genuine redundancy rules will apply.

Signed _____ Date ☐☐/☐☐/☐☐☐☐

(signature of member)

The Redundancy Payment Central Fund Ltd (trading as Incolink)
1 Pelham Street Carlton Victoria 3053
Telephone: (03) 9639 3000
Fax: (03) 9639 1366
Freecall: 1800 337 789 (regional areas only)
Email: redund@incolink.org.au
ACN 007 133 833 ABN 22 862 951 309

incolink.org.au

FM17- 0115 K1012