

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 registered with Incolink.

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

- Termination details provided to Incolink through Incolink web based portal, EmployerLink
- 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.

Termination Date / /

Reason Employment terminated

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

Portable Sick Leave Scheme (PSL)

If you contribute to the PSL scheme for this worker please advise the actual number of sick days taken (not hours) during the employment or if you paid out the workers sick leave under the terms of an industrial agreement (EBA):

Sick days taken

Signed on behalf of the Employer by

Full Name _____

Position _____

Date / /

Company Seal or Stamp to be affixed below

Workers Request for Initial Payment

To be completed by the Worker

Incolink Member No.

Name of Worker _____

Worker's Address _____

Postcode

Mobile Number

Date of birth / /

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

I, _____

(Worker's name in full)

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

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 on any working day.

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 _____

Branch _____

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 registered party to this account)

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
Web: www.incolink.org.au
ACN 007 133 833 ABN 22 862 951 309

incolink.org.au

IMPORTANT INFORMATION REGARDING ETP TAX RATES Effective 1 July 2017

The following are the tax rates applicable to Incolink Employment Termination Payments both Initial and Balance of Funds claims - effective 1 July 2017.

1. If a Tax File Number (TFN) is not provided on the claim form, the withholding tax rate of 45%* applies.
2. Claims paid out to an employee **within 12 months** of the date they became eligible to claim their funds and who have **reached the preservation age but not yet 65** will be taxed at 15%*.
3. Claims paid out to employees in all other circumstances will be taxed at 30%*

** This tax rate does not include the Medicare levy which is currently 2%. Tax rates are supplied by the Australian Taxation Office, and are correct at the time of printing; however they are subject to change and can be confirmed at www.ato.gov.au*

Preservation Age:

The preservation age is 55 years for those born prior to 1 July 1960. For those born between 1 July 1960 and 30 June 1965 the preservation age increases by 1 year for each year as follows:

- | | |
|---------------------------------------|----|
| ▪ From 1 July 1960 until 30 June 1961 | 56 |
| ▪ From 1 July 1961 until 30 June 1962 | 57 |
| ▪ From 1 July 1962 until 30 June 1963 | 58 |
| ▪ From 1 July 1963 until 30 June 1964 | 59 |
| ▪ On or after 1 July 1964 | 60 |