

BERT Application for Membership Form



Please return this completed form to:

Email: enquiries@bert.com.au | **Fax:** 07 3832 3799 | **Post:** BERT, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

PERSONAL DETAILS

Surname	<input type="text"/>	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms						
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Street address	<input type="text"/>														
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Postal address <small>(Write 'AS ABOVE' if same as Street address)</small>	<input type="text"/>														
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Telephone	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>														
Tax File Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Refer to notes overleaf					
Union	CFMEU	<input type="checkbox"/>	CEPU	<input type="checkbox"/>	Union Number <small>(if known)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYER DETAILS

Trading Name of Employer	<input type="text"/>														
Employer Number <small>(if known)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date your employment commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title or Occupation	<input type="text"/>														
If you are an apprentice, the date your apprenticeship commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALTERNATE CONTACTS

Please provide details of any person who you wish to have authority to gain information about your BERT account and balance; and / or call our office on your behalf.

Full Name	Date of birth	Relationship	Contact Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I hereby apply to the Trustee BERT Pty Limited for admission as member of the BERT Fund No.2 upon the terms and conditions contained in the Trust Deed. I also acknowledge that any redundancy benefits payable to me under BERT Pty Limited will be offset against any redundancy entitlements to which I may be entitled under any industrial award.

I declare that to the best of my knowledge all information given on this form is true and correct.

Member to sign here

Date

If you require assistance please call BERT on **1300 261 114**.

Or email us at **enquiries@bert.com.au**

Office use only

Entered By (Initial) Date

Member Number

For further information, please refer to the Summary and Other Information overleaf



SUMMARY OF BERT

This is a summary of the rules relating to BERT Fund No.2. It is not a substitute for the Trust Deed, which is the legal document governing the Fund. You can ask questions about the Trust Deed or obtain a copy by ringing BERT on 1300 261 114. During your membership of the Fund you will be advised of any alteration made to the Deed

WHAT IS BERT FUND NO. 2

The BERT Fund No.2 accepts contributions as an approved worker entitlement fund. You will become a member of the BERT Fund No.2, however you may also have an account in the BERT Fund. The Fund has the full support of the major unions and employer associations operating in the Queensland building construction industry.

Trustee

BERT Pty Limited, ABN 82 010 917 281, is the Trustee of BERT Fund No.2.

The Trustee company has eight Directors who have been nominated by the participating employer association and employee unions. Surplus income from the BERT Fund No.2 is allocated in accordance with the Trust Deed.

YOUR ACCOUNT

What happens when you join BERT Fund No.2

Each member has an individual account in the Fund. Your 'Member Account' consists of contributions paid by your employer(s). BERT will send you a welcome letter via email or post after your first contribution is paid. This letter will include your BERT Fund No.2 membership number.

You should quote this number when you make enquiries about the Fund. If you move to another employer who contributes to the Fund all you need to do is give your employer your BERT Fund No.2 membership number.

NEW MEMBERS

Who is Eligible to become a member?

Anyone who works for an employer that has agreed to contribute to the Fund and is engaged in the following sectors of the building and construction industry:

- industrial, commercial or residential construction
- civil engineering construction
- mechanical engineering construction

This includes all services and maintenance associated or connected with or incidental to any of those forms of construction and also includes each and every one of those sectors and allied industries whether work is performed on-site or off-site.

How do you become a member?

Complete and sign the 'BERT Application for Membership' form and return the form to your Employer for forwarding to BERT; or email or fax directly to the BERT Office.

There is no need to complete another application form if you change employers who contribute to the Fund or if you receive a redundancy benefit from the Funds. I.e. only complete one application form while in the Industry.

CHARGES AND TAX

Lump sum taxation will be deducted from benefit payments. However no charges or taxes are deducted from your employer's contributions or your Member's Account in the Funds.

CONTRIBUTIONS TO THE FUND

From your Employer

All workers employed 'on-site' where the employer is a contributing member of the Fund, whether full-time, part-time or casual, are entitled to receive contributions from their employer if the employer has agreed to contribute to the Fund.

Please check your current Industrial Agreement for the appropriate rates, or talk to your employer or union.

PERSONAL CONTRIBUTIONS

There is no provision to make your own voluntary contributions to the Fund.

How to check that contributions are being made

If you want to know whether your contributions are being paid by your employer, access BOBB (bobb.bert.com.au) or contact BERT on **1300 261 114**.

Statements are also available online from BOBB by financial year. The statement will detail the contributions that have been paid by your employer.

Arrears of Contributions

The Trustee of the Fund has established procedures to follow up employers who do not pay contributions on time.

Contributions while on leave

Contributions are payable during any period of paid leave including sick leave, annual leave, long service leave, compassionate leave and leave during which accident make-up payments are being received. Employer contributions are not payable during any period of unpaid leave. Workers compensation payments cease at 26 weeks.

OTHER INFORMATION

PRIVACY

We only collect information that is necessary to administer your Fund membership. Please check the BERT website privacy statement regularly as it may change from time to time.

A significant number of BERT members are also members of other industry Funds. BERT conducts a database matching process to ensure that each organisation has the most up to date contact details for its members. Where the database search shows different contact details for the same person, each organisation adopts the most recently indicated contact details so that BERT can continue to communicate with its members.

TAX FILE NUMBER & TAX RATES

Benefits from the Funds are subject to tax. It is possible for your benefit to be taxed at reduced rates if you choose to provide the Fund with your Tax File Number (TFN).

You have the choice of whether or not you quote your TFN.

Current tax rates apply if a TFN is supplied. Please refer to our website for these rates.

If you decide not to quote your number, then tax will be deducted from your benefit at the highest personal tax rate inclusive of the Medicare levy.

BOBB – BERT ONLINE BALANCE & BENEFITS

bobb.bert.com.au

The following information can be accessed online from BOBB:

- Change or update your personal details
- Add a representative
- Your account balance
- Check Employer Contributions are up to date
- View / Print Statements by financial year
- ETP download for your tax (anytime)
- Information on how to make a claim for benefit