

# BEWT Deed of Adherence 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



PLEASE COMPLETE THE DETAILS IN FULL OR YOUR DEED MAY BE REJECTED.

## EMPLOYER DETAILS

Employer Name (Company Name, sole proprietor or partnership)

Trading Name

ABN

Registered Street Address

Suburb

State

Postcode

Postal address (Write 'AS ABOVE' if same as Street address)

Suburb

State

Postcode

What day does your pay period end?

Mon

Tues

Wed

Thur

Fri

Sat

Sun

## CONTACT DETAILS (e.g. Pay Office)

### Contact 1

Surname

Given name

Mr

Mrs

Miss

Ms

Telephone

Work

Mobile

Email address

### Contact 2 (if applicable)

Surname

Given name

Mr

Mrs

Miss

Ms

Telephone

Work

Mobile

Email address

## AUTHORISATION (IN WITNESS WHEREOF this deed has been executed the day and year hereinbefore written)

### COMPANY / SOLE PROPRIETOR / PARTNERSHIP

Name

In the presence of  
(Witness Name)

Title

(Director/Company Secretary)

Signature

Signature

(hereinafter called "the Employer") is the one part and BEWT Fund Limited as Trustee for Building Employees Welfare Trust ACN 607 107 595 a public company limited by guarantee in the state of Queensland, having its registered office at Level 1, 35 Astor Terrace, Spring Hill Queensland in the said state (hereinafter called 'the Trustee') of the other part.

WHEREAS the Trustee is the trustee of the Building Employees Welfare Trust ('The Fund') under the Deed which governs the Fund ('the Trust Deed') and the Employer desires to become an Employer within the meaning of the Trust Deed.

"The Employer covenants with effect from \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ that it is bound by the Trust Deed as an Employer within the meaning of the Trust Deed and that it will observe and perform all obligations imposed upon it in that capacity and will pay in respect of each employee who is a member of the Fund contributions at the rate from time to time stipulated by the Trustee in accordance with the terms of the Trust Deed."

The participating Employer agrees to advise employees that they will disclose to the Fund personal information necessary to administer their membership of the Fund.

This deed is to take effect from

Date

This deed is made on (date signed)

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

Employer Number

Date Effective: August 2018