## **BERT Redirection to Superannuation 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	Mr Mrs Miss Ms
Given names	Date of birth
Street address	
Suburb	State Postcode
Postal address (Write AS ABOVE if same as Street Address)	
Suburb	State Postcode
Telephone Home	Mobile
Email address	
BERT member number (if known)	
Union CFMEU CEPU Union No. (if known)	
Current Employer	
SUPERANNUATION FUND DETAILS	
Superannuation Fund CBUS BUSS (Q) Membersh	nip number (if known)
DECLARATION	
I hereby apply for my future contributions due and payable on behalf of the BERT Fund to be paid into my account with the above nominated Superannuation Fund.	
I acknowledge that:	
<ol> <li>My account balance with BERT exceeds the nominated threshold amount as per my Employer's EBA.</li> <li>The BERT Fund has no legal responsibility for pursuing contributions due and payable for me until this application is revoked in writing.</li> </ol>	
I declare that to the best of my knowledge all information given on this form is true and correct.	
Member to sign here	
×	
	Date D D M M Y Y Y
<b>№</b> 1/2 - 1	
If you require assistance please call BERT on 1300 261 114.	email us at enquiries@bert.com.au
Office use only	
Account balance Approved	Declined
Authorised by Date	D D M M Y Y Y Y