Incolink
Entitlements Insurance Wellbeing

Incolink Dividend CLAIM FORM

You should seek independent financial and/or taxation advice about your claim.

YOU CAN SAVE TIME IF YOU CLAIM ONLINE
Head to workerlink.incolink.org.au

CLAIM DECLARATION

☐ I acknowledge that, for Incolink to process my claim, Incolink must confirm my identity and dividend eligibility. I acknowledge that Incolink will securely store all details provided in this claim form in my member account for future redundancy and/or dividend payments. I consent to Incolink's collection, storage, and use of the information provided. It is my sole responsibility to inform Incolink of any changes to my bank account details and/or other identity information.

YOUR DETAILS

Incolink Member No

First Name _____

Last Name _____

Address _____

_____ Postcode

Contact Phone

Mobile Phone

Email Address _____

Date of Birth / /

ELECTRONIC FUNDS TRANSFER

Bank Account Details

Name of Bank _____

Branch _____

Account Name/s _____

BSB No (must be a 6-digit number)

Bank Account No

VERIFY IDENTITY

Incolink has partnered with VixVerify*, a safe and easy way to help verify identity. Please provide **one** of the following forms of identification to verify your identity.

- Australian Driver Licence and Card Number
- Australian/New Zealand Passport
  (Please contact Incolink for information on how to claim with an alternate passport)
- Medicare Number

Full Name (as it appears on your ID e.g. John B Smith)

_____

Drivers' Licence Number State of Issue

Drivers' Licence Card Number

Passport Number Country of Issue

Medicare Number Reference

Medicare Expiry /

☐ I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

DECLARATION & SIGNATURE

I declare that the details I have provided on this claim form are correct. I acknowledge that Incolink has recommended that I seek independent financial and/or taxation advice regarding this claim.

Signed _____

Date / /

* Visit our Privacy Policy incolink.org.au/privacy-policy

The Redundancy Payment Central Fund Ltd (trading as Incolink)
Please return completed form to:
1 Pelham Street, Carlton VIC 3053, or via email support@incolink.org.au
Telephone: (03) 9639 3000 | Freecall: 1800 337 789 | ACN 007 133 833 ABN 22 862 951 309

incolink.org.au