

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

**YOU CAN SAVE TIME IF YOU CLAIM ONLINE**  
Download the Incolink App or head to [workerlink.org.au](http://workerlink.org.au)

## CLAIM DECLARATION

I acknowledge that, for Incolink to process my claim, my employer must confirm the **employment end date and reason** via EmployerLink. I understand that the **employment end reason** will determine the tax rate withheld on my claim.

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   /   /

Employer Company Name

## ELECTRONIC FUNDS TRANSFER

### Bank Account Details

Name of Bank

Branch

Account Name/s

BSB No       (must be a 6-digit number)

Bank Account No

\* Visit our Privacy Policy [incolink.org.au/privacy-policy](http://incolink.org.au/privacy-policy)

## 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.

## TAX FILE NUMBER DECLARATION

Tax File No

Please supply your personal 9-digit Tax File Number (TFN). This TFN is being collected for the purpose of processing your redundancy claim and any related future claims in accordance with applicable laws. While providing your TFN is voluntary, failure to provide it may result in tax being withheld from your redundancy payments at the highest marginal rate plus Medicare levy.

## 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   /   ,    /