

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

CLAIM DECLARATION

I acknowledge that for PPTEF to process my claim, PPTEF must confirm my identity and distribution eligibility. PPTEF will **retain the bank account details and identity information** provided in this form for future distribution payments. **It is my sole responsibility** to update PPTEF of any changes to my bank account details and/or identity information.

YOUR DETAILS

PPTEF 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

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

VERIFY IDENTITY

PPTEF 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 PPTEF 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 /

TAX FILE NUMBER DECLARATION

Tax File No

Please supply your personal 9-digit Tax File Number (TFN). It is not against the law for you to not give PPTEF your TFN.

However, if you do not supply your TFN, any taxable portion of your claim will be taxed at the marginal tax rate, plus the Medicare levy.

DECLARATION & SIGNATURE

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

Signed _____

Date / /