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# Application Form for future contributions to be paid to CBUS

## Member details

First name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb / town: \_\_\_\_\_  
State: \_\_\_\_\_ Post Code \_\_\_\_\_  
Contact number: \_\_\_\_\_

## Membership details

BERT Membership Number: \_\_\_\_\_  
BUSS(O) Membership Number: \_\_\_\_\_  
Union: \_\_\_\_\_ Membership Number \_\_\_\_\_  
Current Employer: \_\_\_\_\_

## Terms and conditions

I hereby apply for future contributions due and payable on my behalf of the BERT Fund to be paid to my account with CBUS.

In making this application, I agree that:

- My account balance with BERT exceeds \$12,000.00
- I am aware that the BERT Fund has no legal responsibility for pursuing contributions due and payable for me until this application is revoked in writing.

Members Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Account balance: \_\_\_\_\_

Application approved:  Application declined:

Signature: \_\_\_\_\_ Date \_\_\_\_\_