This payment is due

Postal Address:

PO Box 805 SPRING HILL QLD 4004

or visit us at:

Level 1, 35 Astor Terrace SPRING HILL QLD 4004

Toll free: 1300 261 114 SMS: 0428 483 324 Web www.bert.com.au Email enquiries@bert.com.au



THE B.E.R.T FUND NO 2 - EMPLOYER CONTRIBUTION ADVICE

Number Surname	Given Names	Date of Birth We	eks (tick appropriate wee	ks) Rate	Total Contributions
Please provide detail contact details.	s for new employees belo	ow, including surname	, given names,	DOB, weeks w	orked, rate and
Name:	DOB:	1	2 3 4	5 Rate:	Total:
Contact Details:					
Name:	DOB:	1	2 3 4	5 Rate:	Total:
Contact Details:		_		_	, otali
Name:	DOB:	1	2 3 4	5 Rate:	Total:
Contact Details:					
Name:	DOB:	1	2 3 4	5 Rate:	Total:
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Name:	DOB:	1	2 3 4	5 Rate:	Total:
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Name:	DOB:	1	2 3 4	5 Rate:	Total:
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Name:	DOB:	1	2 3 4	5 Rate:	Total:
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Name:	DOB:	1	2 3 4	5 Rate:	Total:
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Name:	DOB:	1	2 3 4	5 Rate:	Total:
Contact Details:		_		_	
Name:	DOB:	1	2 3 4	5 Rate:	Total:
Contact Details:					
Name:	DOB:	1	2 3 4	5 Rate:	Total:
Contact Details:					
You must pay for all employ absences. On completion, p	yees (full-time, part-time or cast please send the original to BER	ual), including all approved T at the above address.	TOTAL:	AMENDED TOTAL:	

PAYMENT PERIOD -				
OFFICE USE ONLY				
EMPLOYER				
Number:				
Phone:				
DATE ISSUED:				

HELPFUL HINTS FOR COMPLETION OF YOUR RETURN

MEMBERSHIP DETAILS

Listed is the name/s for whom contributions were made in your last payment processed. If you have any new names, list their BERT membership number (if applicable), full name, address and date of birth together with payment details on the advice at the end of the return.

If there are any incorrect or missing details please correct them and send them back with payment to BERT, PO Box 805, SPRING HILL, QLD, 4004.

TERMINATING MEMBERSHIP/LAST PAYMENT FOR MEMBERS

If any of the names listed did not work for you in the payment period, please cross out their contribution details. If the person is receiving their last payment, advise the date of termination.

A **Separation Certificate Form** needs to be completed to confirm the terminated employee's termination reason. This form is available at http://www.bert.com.au.

PAYMENT DETAILS

'Weeks' refers to the number of weeks (or part weeks) the person worked during the payment period. No pro-rata permitted.

If any employee works less than the period listed on your Contribution Advice, you MUST record the specific weeks worked in the correct column. This will ensure the worker is covered for the weeks worked.

PAYMENT OPTIONS

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BSB:

Account No: Reference:

Pay by EFT

You can electronically transfer BERT contribution payments from your nominated bank account directly to BERT through any of the online employer services or your paper Contribution Advice. NOTE - the BSB and account number are unique to your employer account and will not change from payment to payment.

EFT payments are subject to certain terms and conditions available at http://www.bert.com.au. Please read and understand them, in particular those relating to Indemnities.



Pay by mail

Please make your cheque payable to Building Employees Redundancy Trust, and post your cheque with the Employer Contribution Advice to the address above. Do not forget to write your employer number on the reverse side of the cheque.



Biller Code:

Telephone & Internet Banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account.

More info: www.bpay.com.au

INVOICE

Once the Contribution Advice has been processed, your tax invoice will be available on our web site for you to download.