Member Substantiation Form

APM Security Plan Sickness & Accident Fund (In Liquidation) ('the Fund')

To: The Liquidator of the Fund:

1. This is to state that in or around May 2012, I or the person I am completing this form on behalf of, claim/claims to be member of the Fund.
2. Particulars of my claimed membership are as follows:

Full name	
	(name of member, including any names the member may have previously been known as)
Date of birth	
	(date of birth of member)
Date employment commenced at the Botany Mill	
	(date employment commenced with Amcor at the Botany Mill)
Date employment ceased at the Botany Mill	
	(date employment ceased at the Botany Mill)
Reason for employment cessation	
	(reason for ceasing employment at the Botany Mill, e.g. retirement, redundancy, injury, other)
Claimed membership type	
	(to the best of your knowledge, what type of membership was held)
Details of contributions made to the Fund	
	(amounts of contributions, frequency of payment)
Name of any dependants or prior dependants	
	(name of any present or prior dependants as defined in the FAQ, including any names they were previously known as)
Details of any benefits paid to you or your dependants	
	(any sickness and accident or other benefits paid to your during your tenure at the Botany Mill that you recall, including approximate date/year)

To the extent available, please enclose supporting documentation for the information you have detailed above. Refer to the Frequently Asked Questions dated 28 June 2024 for examples of supporting documentation you may provide.

3. This form is being used only for the purpose of canvassing current or former members of the Fund, and is subject to an application to the Court, which the Liquidator will be filing prior to making any distribution. Correspondence in respect of this application and any further information required from Interested Persons will be provided in due course.

Execution:

☐ I am completing this form in respect of my own membership at the Botany Mill. (tick if applicable)

☐ I am completing this form on behalf of a member and have provided substantiation to demonstrate my relation to that member and/or authorisation to make this statement. (tick if applicable)

Please ensure you insert your preferred contact details when filling out the information below.

Signature _____

Name _____

Address _____

Email _____

Phone _____ Fax _____

Date _____