apss | APSS (Defined Benefit members) Restart my Income account O Use this form to close your existing Income account and open a new Income account with additional funds.



Important

If you receive any payments from Centrelink or the Department of Veterans' Affairs (DVA), you should contact Centrelink, DVA or seek advice from a financial adviser **before** closing or restarting any existing Income account(s). Closing and restarting an existing Income account may affect your Centrelink or DVA payments. If you decide to start a second Income account, please use the Open an Income Account form available at art.com.au/apss. *DENOTES MANDATORY FIELD.

13 11 84 | art.com.au Reply Paid 2924 Brisbane Qld 4001

Member number

1 Personal details			
		Middlenene	
Title First name*		Middle name	
Last name*		Date of birth	(DD/MM/YYYY)* Gender
Street address/PO Box*			IW F
Street address/ PO Box			
Suburb/Town*	State* Postcode*	Home phone number	Daytime phone number*
Personal email address			Mobile phone number*
Tersonal email address			modic phone number
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Note: Where we can we'll provide your documents Member Online. If you would prefer information is			
Residential street address (if the same as	s above leave blank)*	Suburb/Town*	State* Postcode*
2 Income account type			
	Detinoment D :	No. of the second secon	6.7
I'm restarting my: Transition to Income accordance	Trochi di ilidire		ons for Transition to Retirement Income account become a Retirement Income account.
3 A minimum additional an	nount of \$10,000 is requir	ed to restart your Income ac	count
A minimum additional an	nount of \$10,000 is requir	ed to restart your income at	count
I would like to rollover an account fr	om another super fund and I've attac	hed a Super Savings – Corporate Consolic	date Your Super form.
OR			
I would like to restart my Income ac	count with funds from my existing AP	SS Super Savings – Corporate account. Plo	ease complete Section 4.
OR			
I've attached a cheque for			
Do you intend to claim a tax deduction	on?		
		you made to your Additional Accumulatio	
using the online form in Mer	mber Online before submitting this for request. Please also indicate the relev	m or complete a Notice of Intent to Claim vant financial year here:	a Tax Deduction form from ato.gov.au to
Relevant Financial Year (YYYY/YYYY)	/		
Please note: A request to claim a tax deduction car maximum amount you can later claim a tax deduction online form in Member Online or send us a comple	on for is the reduced contribution amount r	emaining with us. If you intend to claim a tax de	eduction, you can let us know by completing the
If you're aged 67 or over, you'll need to meet the \australian Taxation Office (ATO) when you submit prior to the 28th day after the end of the month you	your income tax return. The contribution		
1 You must work at least 40 hours over a period of 30 consecutive d under a one-off exemption available to members with a 'total super		e (or during the previous financial year,	
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Transfer from my existing APSS Super Savings – Corporate Defined Benefit account Important: 1. You can use up to a maximum of 50% of your Defined Benefit (less any Offset account balance) in addition to your Additional Accumulation account balance to restart your Income account. You must use the balance of your Additional Accumulation account first before you can access your Defined Benefit, and you can only access your Defined Benefit once per financial year. Refer to the Super Savings - Corporate Defined Benefit Handbook at art.com.au/apss for details. 2. If you wish to keep your Additional Death and Total & Permanent Disablement cover on your APSS Super Savings – Corporate Defined Benefit account, you'll need to ensure there is enough money in your Additional Accumulation account to pay for any future insurance premiums and you will need to make at least one eligible contribution every 12 months or advise us in writing via art.com.au/keep-my-insurance that you wish to retain your insurance cover. (min. \$10,000 required) from my APSS Super Savings – Corporate Defined Benefit account to restart my Income account. I am aware that my transfer will be drawn from my Additional Accumulation account balance first, and then from my Defined Benefit up to the maximum amount permitted. The value of your Defined Benefit entitlement may change from the date you complete this form until the date we process your instruction, as the amount cannot exceed 50% of your Defined Benefit (less any Offset account balance). You may get more or less than the amount requested when processing is completed. OR I want to transfer the maximum amount permitted from my APSS Super Savings – Corporate Defined Benefit account to restart my Income account. Members with Additional Death and Total & Permanent Disability (TPD) cover must also complete this section. If you do not complete this section, we will cancel your Additional cover if the balance of your Additional Accumulation account reduces below \$6,000 after the transfer to your Income account: I want to retain \$6,000 in my Additional Accumulation account to keep my Additional Death and TPD cover. Note: if you tick this box, the amount transferred to your Income account will be limited to the balance of your Additional Accumulation account less \$6,000, plus a portion of your Defined Benefit (if required) up to the maximum amount permitted on the date we process your request. Changes in the daily unit prices will mean that the actual amount retained in your Additional Accumulation account will be higher or lower than your nominated amount. OR I want to cancel my Additional Death and TPD cover and transfer my entire Additional Accumulation account balance to my Income account. 5 **Income payment details** This section refers to the amount you wish to receive on a regular basis Complete this section to show how often you require the payments, and the amount you would like to be paid. I have read the Super Savings Product Disclosure Statement for Income Account and Lifetime Pension, and understand I am required to take an amount of income payments each year at least equal to the minimum amount calculated each financial year, and that Australian Retirement Trust may take action to ensure that I have been paid income payments at least equal to this minimum amount. Note: If you do not make a choice, you will receive the minimum level of payment on a monthly basis. monthly I wish to receive fortnightly on the 11th quarterly half yearly yearly my payments: (default) AND Specific gross amount per payment³ I wish to receive Minimum¹ level (default) payment amounts of: \$ (TTR only) Pro rata amount (TTR only) Maximum, you will receive the of the 10% maximum² AND ASAP After this date: I would like my Income account set-up: AND

1 The minimum default level will be age-based as described in the Super Savings Product Disclosure Statement for Income Account and Lifetime Pension (PDS).

I would like to receive my next payment in this month (MM/YYYY):

Please continue over page

Payment will be made in the next

available payment run.

² If you select the pro rata option you will be paid the maximum amount for the period remaining in the financial year you restart your Income account (i.e. it will be less than 10% of your account balance). If you select the non pro rata option you will be paid the maximum amount (i.e. 10% of your starting balance in the remainder of the financial year you start your Income account).

³ The maximum amount of income payments is restricted to your available balance (or 10% per annum of your account balance if you hold a Transition to Retirement Income account). If the income payment amount you request exceeds the maximum amount, it will be reduced to the maximum that applies.

			iciary type, they will be		
	I would like to keep my existing n	ominated beneficiaries.			
OR					
		g preferred beneficiaries, or nominate a bin nation form (found at <mark>art.com.au/benefici</mark> a		nclose a Change of Details form (found	d at art.com.au/forms)
OR					
		eversionary beneficiary. I understand the re e Statement for Income Account and Lifetin			e information in the
Title	First name*		Middle name		
Last n	ame*			Date of birth (DD/MM/YYYY)*	Gender
					MF
	Income account invest	tment details			
	l need to keep your existing investn	nent strategy, rebalancing options (if any) a ke changes to these at any time using Mem	. ,	nt source while we process your restar	i.
	l need to keep your existing investn	nent strategy, rebalancing options (if any) a	. ,	nt source while we process your restan	i.
After th	I need to keep your existing investme restart is completed, you can made	nent strategy, rebalancing options (if any) a	nber Online.	, ,	
After th	I need to keep your existing investme restart is completed, you can made	nent strategy, rebalancing options (if any) a ke changes to these at any time using Mem	on. Please read the Au t	, ,	
After th	I need to keep your existing investment of the restart is completed, you can male checklist We have all your information and do a signed and dated this form Authorisation and declaration and declaration.	nent strategy, rebalancing options (if any) a ke changes to these at any time using Mem cumentation we will process your applicati	on. Please read the Au t	t horisation and declaration and n	

We may disclose your personal information to entities within the Australian Retirement Trust Group, our service providers and advisers, medical and health professionals, regulators and government bodies, or to other third parties if we need to or if you have given consent to the disclosure. This includes but is not limited to the Fund's administration service provider, insurers, auditors and legal advisers. We also might be required by law to disclose information about you, for example to government bodies such as the ATO. We may also disclose information to third-party service providers in various countries, as described in our Privacy Policy.

For more information, please read our Privacy Policy which sets out the types of information we collect and how we collect, hold, use and disclose your personal information. Our Privacy Policy also describes how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date, and information on our privacy complaints process. We are committed to respecting the privacy of personal information you give us. Our Privacy Policy may be updated from time to time and is available at art.com.au/privacy or by contacting us.

Declaration

Beneficiaries

I request to restart my Income account and declare that:

- I understand my personal details, including tax details and instalment frequency will not change, however my minimum or maximum amount and instalment amount will change by restarting my Income account.
- I understand that if I have not received the minimum required payment from my existing Income account, that payment will be made to my nominated bank account.
- I have received, read and understood the Super Savings Product Disclosure Statement for Income Account and Lifetime Pension (PDS) which summarise the significant information about the product.
- If I am transferring funds from a Defined Benefit account to an Income account, I acknowledge that I have read the Super Savings – Corporate Defined Benefit Handbook and understand the implications of withdrawing money from my Defined Benefit account.
- I have read the Personal Information Collection Statement in the PDS and I understand how Australian Retirement Trust will use my personal information.
- I acknowledge that the PDS and this application form, detail the interest I will
 have in Australian Retirement Trust if my application is accepted, and is not a
 contract between me and the Trustee.
- I agree to the Trust Deed and governing rules of the Fund, including in relation to the operation of my account.
- I understand and have considered the implications of my transfer balance cap. I have made reasonable enquiries to ensure I will not exceed my transfer balance cap.

- I have considered the fees and charges, effect on insurance cover, including the lapsing of cover if there is not enough money in my Additional Accumulation account balance to pay for any future insurance premiums and the implication to my benefit entitlement prior to rolling over my benefits.
- I agree to make the Privacy Policy available to the person (if any) that I have nominated as my reversionary beneficiary.
- I am a citizen or permanent resident of Australia or a citizen of New Zealand.
- To the best of my knowledge, the information I have provided on this form is true and correct.
- I am the person named on this form or have a power of attorney to act on that person's behalf.¹

Note: If you have not previously supplied certified identification to Australian Retirement Trust, you will need to attach a certified copy of your identity before we can process your form. For more information about certified identity and what is acceptable, please visit art.com.au/poi

1 If you are acting on behalf of an applicant under a power of attorney and have not previously supplied a certified copy of the power of attorney, we require one to be supplied with this application along with certified copies of yours and the member's identification documents. If you have previously supplied these documents, we may require updated copies on request.

Member to sign here*
×
Date (DD/MM/YYYY)*
Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit art.com.au/privacy or call 13 11 84.