

Super Savings Reversionary Beneficiary Nomination



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

Use this form to add a reversionary beneficiary to your Income account. We recommend you speak to a financial adviser before completing this form as it may affect your Centrelink entitlement.

Important Note: Please provide us with as much information as possible. Please tick box where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.

Member number

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F
Street Address / PO Box*		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number	
<input type="text"/>	<input type="text"/>	

By providing us with a valid email address you consent to be registered for Member Online access. Details will be forwarded to you.

2 Income account type

I'm updating my: Transition to Retirement Income account Retirement Income account

Note: If you're over age 65 the conditions for transition to retirement no longer apply and your account will become a Retirement Income account.

3 Beneficiary

I would like to nominate a new reversionary beneficiary. I understand the reversionary beneficiary is limited to my spouse or defacto. I have read the information on reversionary beneficiaries in the Super Savings Product Disclosure Statement for Income Account and Lifetime Pension before ticking this box.

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F

IMPORTANT: If you started your Income account before 1 January 2015, and you have been receiving Centrelink entitlements since that time, changing your reversionary beneficiary nomination may affect your future Centrelink entitlements. We therefore recommend you speak to a financial adviser before completing this form.

4 Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

I declare that:

- I have fully read this form and the information completed is true and correct.
- I understand that this reversionary nomination is only effective when received and accepted by Australian Retirement Trust
- I understand that for this nomination to be effective the beneficiary nominated by me must be a dependent within the meaning of Super Industry (Supervision) Act 1993 and must also be a dependent who is eligible to receive my death benefit as a reversionary pension at the time of death.
- I understand when this form is accepted by the Trustee it will revoke and replace any existing beneficiary nominations.
- I understand my attorney can only be nominated as a beneficiary if my Power of Attorney document specifically states that they can be nominated as a beneficiary of my death benefit.
- I can remove or amend my reversionary beneficiary nomination at any time.
- I have read the Personal Information Collection Statement in the Super Savings Product Disclosure Statement for Income Account and Lifetime Pension (PDS) and I understand how Australian Retirement Trust will use my personal information.
- I agree to make the Privacy Policy available to the person that I have nominated as my reversionary beneficiaries.
- I understand that it's my responsibility to ensure that my reversionary beneficiary nomination is valid. If my reversionary beneficiary nomination isn't valid for any reason at the date of my death, the Trustee must pay my benefit to one or more of my dependants and/or legal personal representative in proportions determined by the Trustee.

Member to sign here*



Full name (print in BLOCK letters)*

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.

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