

CBA Group Super Plan Lifetime Pension declaration



⬇ This declaration must be completed by CBA Group Super Plan Lifetime Pension members each year for payments to continue.

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

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

Member number

Office use only

C59444

1 Your current account 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="text"/> <input type="text"/>	
Street Address / PO Box*				
<input type="text"/>				
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address			Mobile phone number	
<input type="text"/>			<input type="text"/>	
Please provide contact details for a relative, friend or neighbour to help us contact you if necessary				
<input type="text"/>				

2 Spouse details confirmation (if applicable)

Your nominated spouse (including de facto spouses) may qualify for a pension if they outlive you. Benefits may differ for relationships started in retirement. You can find information for your division at art.com.au/cbasp under Defined Benefit members/PDS and Guides.

Spouse name	Date of marriage (DD/MM/YYYY)*	Date of birth (DD/MM/YYYY)*
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Member authorisation

I declare that all details in this form are complete and correct.

Member to sign here*	Date (DD/MM/YYYY)*
<input type="text"/>	<input type="text"/>

4 Authorisation and declaration signed on behalf of the member

I declare:

- I am authorised to sign on behalf of the member and have previously supplied an original or certified copy of Guardianship or Power of Attorney (PoA) papers,
- that the PoA has not been revoked to the best of my knowledge,
- that all the details on this form are complete and correct.

Sign here on behalf of the member	Date (DD/MM/YYYY)*
<input type="text"/>	<input type="text"/>
PoA's full name*	
<input type="text"/>	
<input checked="" type="checkbox"/> Please return the form to Australian Retirement Trust via australianretirementtrust.com.au/contact-us or post 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 australianretirementtrust.com.au/privacy or call 13 11 84.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063