

CBA Group Super Plan Lifetime Pension declaration



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

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

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="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"/>	
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 and Lifetime Pension 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- that the PoA has not been revoked to the best of my knowledge,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 art.com.au/contact-us or post to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001	

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