CBA Group Super Plan	Australian	
Update my Lifetime Pen	sion Retirement	
Use this form to change bank accounts, reversionary beneficiary and for your CBA Group Super Plan Lifetime Pension.	Reply Paid 2924	
Important: Please provide us with as much information as possible. Please tick bo Use BLOCK letters and dark ink when completing this form and ensure it is signed *DENOTES MANDATORY FIELD.	xes where appropriate. and dated. Member number	
1 Personal details		
Title	Office use only	
	С59444	
First name*	Middle name	
Last name*	Date of birth*	
Home address* (must not be a PO Box)		
Suburb*	State* Postcode*	
Suburb		
Postal address (if different from your home address)		
Suburb*	State* Postcode*	
Mobile number	Daytime contact number	
Email*		
I wish to change details on my: (tick all that apply)	Non-Indexed Lifetime Pension (Division B members only)	
Note: Unless you have chosen to receive printed information, Australian Retirement Trust will confirm this change electronically if we can. We'll email or SMS you if you have information to view in Member Online. If you would prefer information is posted to you in the future, change your preferences in Member Online or call us on 13 11 84.		
2 Reversionary beneficiary (Spouse) and dependent of	children	
YES I would like to update the spouse recorded on my CBA Group Super Plan I Note: "Spouse" includes de facto spouses. You can find information for your members/PDS and Guides.	ifetime Pension, (sometimes referred to as your reversionary beneficiary). r division at art.com.au/cbasp under Defined Benefit and Lifetime Pension	
Date of marriage or date commenced living together as de facto spouse (DD/MI	M/YYYY)	
Title First name*	Middle name	
Last name*	Date of birth (DD/MM/YYYY)* Gender*	
I don't have an eligible spouse to receive reversionary payments		
a don't have an engine spouse to receive reversionary payments	Please continue over page	
	Prease continue over page	

2 **Reversionary beneficiary (Spouse) and dependent children** (continued)

Do you have any dependent children?			
Dependent child's name	Date of birth	Dependent child's name	Date of birth

3 Bank account details

Please ensure the Australian bank, building society or credit union account details provided are accurate and written clearly. We may not be able to recover funds paid to an incorrect account where incorrect details are provided below.

We can only deposit amounts into an account held in your name or jointly in your name.

Name on account*	
Branch (BSB) number*	Australian bank account number*
Name of financial institution*	

Money cannot be paid into a credit card account, third party account or an overseas account. We will take care to ensure your money is paid in accordance with the details you have provided. However, we accept no responsibility for any loss which occurs as a result of incorrect account details you provide us.

If the bank or credit union rejects the payment of your money, we'll pay you by cheque and this may take longer than payments made electronically. For account validation purposes, we may require a copy of your bank statement to confirm bank account ownership and will advise if this is required.

4 Proof of identity

As part of electronic identity verification, we'll check if your name, residential address and date of birth matches the personal information held by the document issuer or an official record holder (including a credit reporting agency). This allows us to verify you under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. It doesn't give us access to your credit information or other information about you AND our request won't be recorded on your credit file. If you prefer not to be verified electronically you must tick the box under Option 2. You must then also provide document-based proof of identity per the instructions in our factsheet or on our website.

Please choose one of the proof of identity options below.

Option 1 - Electronic verification (Preferred)

I understand that by completing this section I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder (including a credit reporting agency).

Note: This doesn't give us access to your credit file information and won't be recorded on your credit file.

You must provide either driver licence or Australian passport details if you are choosing electronic verification, plus your Medicare card if available.

1. Full name exactly as it appears on my driver licence

Licence number	Card number (as shown on back or front of licence) ¹
State of issue	Valid to
	DDMMYYYY
1 Some Australian States and Territories have mandatory driver's licence numbers and o	river's licence card numbers. If that's the case for your area, you have to give us both so we can complete our checks.

Please continue over page

4 Pi	roof of identity (continued)	
2.	My Australian passport number is Passp D D Full name including middle name (as shown on passport)	ort expiry date
	Place of birth (as shown on your passport)	
	Country of birth (not shown on your passport)	
	Family name at birth (not shown on your passport)	
3.	Full name exactly as it appears on my Medicare card	
	My Medicare number is Valid	M 2 0 Y Y My reference number on this card is
	Select your Medicare card colour Green Blue Yellow	v
·	 Document-based verification fer to our Proof of Identity Requirements Factsheet at art.com.au/poi for 	instructions on how to prove your identity using your identity documents.
5 CI	hecklist	
We'll upda	te your details as soon as we can. However, it's important to make sure you	give us all of the information and documents we need to do this.
An	ave you completed all the mandatory fields on the form? The you signing on behalf of the member? If you're signing on half of the member, you'll need to provide a certified copy of lardianship papers or Power of Attorney documentation.	If you prefer not to be verified electronically, have you referred to our Proof of Identity Requirements Factsheet at art.com.au/poi for instructions on how to prove your identity using your identity documents. Have you signed and dated this form? If you are under the age of 18 your parent or guardian will need to sign the form too.

Please continue over page

6 Authorisation and declaration

I declare that all the details on this Update my Lifetime Pension form are correct and authorise Australian Retirement Trust to make the changes I have requested. **Full name** (print in BLOCK letters)*

Note: If you are under the age of 18 your parent or guardian will need to complete section 7 below.

Member to sign here*



You can upload your forms securely using our website at art.com.au/upload

7 Authorisation and declaration signed on behalf of the member

I declare:

- I am authorised to sign on behalf of the member and have attached a certified copy of Guardianship or Power of Attorney papers, or
- I'm signing on behalf of (or in addition to) a member under the age of 18 as their parent or guardian and have attached appropriate proof of parent or guardianship, such as a certified copy of a certificate of birth or adoption papers.
- That all the details on this Update my Lifetime Pension form are correct. On behalf of the member, I authorise Australian Retirement Trust to make the changes I have requested.

Full name (print in BLOCK letters)*

Parent/guardian signature*		
×		
Date*		
D D M M 2 0 Y Y		
Send your completed form and certified ID (if applicable) to us by:		
Australian Retirement Trust Reply Paid 2924 Brisbane QLD 4001 You can upload your forms securely using our website at art.com.au/upload		

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**.