

Super Savings Authority to Access Information



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

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

Member number
if already a member

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="text"/> M <input type="text"/> 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"/>	

2 Details of who you are authorising to access your information

Please provide the details of who you're authorising to access your information. Alternative contacts can be listed in Section 3 if required.

Full name*		
<input type="text"/>		
Company name/relationship*	Apply to all company staff	Company ABN
<input type="text"/>	<input type="text"/> YES <input type="text"/> NO	<input type="text"/>
Street Address / PO Box*		Suburb/Town*
<input type="text"/>		<input type="text"/>
State*	Postcode*	Daytime phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		
Information/documentation authorised to release: (tick all that apply)		
<input type="checkbox"/> All information/ documentation	<input type="checkbox"/> My Disability/Income Protection claim	<input type="checkbox"/> My Terminal Medical Condition claim
<input type="checkbox"/> Other (please specify)	<input type="text"/>	
AND		
Complete the below if you're authorising a financial adviser.		
ASIC financial adviser register number	AFSL Number	Licensee
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Alternative contacts authorised to access information Complete if required

Please list any alternative contacts below. Where alternative contacts exists for a Financial Adviser, authority will apply to all staff who assist your adviser to provide financial advice.

Full name/s
<input type="text"/>

➔ Please continue over page

4 Term of authority

This authority will remain valid unless it is otherwise revoked or unless an expiry date is provided. Where you're appointing a lawyer/solicitor to act on your behalf with respect to a Disability or Terminal Medical Condition claim, then this authority will remain valid for the life of the claim unless revoked or an expiry date is provided.

Please tick below to confirm the term of authority for who you're authorising to access your information.

I wish for this authority to remain in place until otherwise revoked (default)

OR

Expiry Date (DD/MM/YYYY)

I wish for this authority to expire on the date provided

Important information

For this authority to be valid, you are required to fill out all mandatory fields on this form.

We must receive this form within six months of it being signed.

Confirming the identity of the contact being given authority

Before the above mentioned individual can access your account we must confirm their identity.

When you submit this form please include a clear (enlarged) copy of a current document which clearly shows their signature such as a passport or driver's licence that has not expired. If their licence has a new expiry date on the back or displays a new address sticker please copy both sides.

The proof of identification document must show:

- full name
- date of birth
- signature.

Please ensure the copies of the contact's identification documents are clear and enlarged where necessary to ensure there are no delays in the processing of your request. If we are unable to read the identification documents provided, access to your account information will not be permitted.

5 Authorisation Sign this application form and return to Australian Retirement Trust:

I authorise the listed person/s to be provided with information and/or documentation they request about my Australian Retirement Trust Super Savings account/s as specified on this form.


Please note:

Forms dated more than 6 months ago will not be accepted.

Member to sign here*



Date (DD/MM/YYYY)*

 Please return the form to
Australian Retirement Trust
Reply Paid 2924 Brisbane Qld 4001
OR online at art.com.au/contact-us

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.