

# Super Savings Employee Changes

To advise of new employees or those leaving the company



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

**Important:** Please provide us with as much information as possible. Use **BLOCK** letters and dark ink when completing this form.  
\*DENOTES MANDATORY FIELD.

## 1 Employer details

**Your employer number**

if already a registered employer

Company trading name

Company registered name

Type of Business/Industry

Street Address / PO Box\*

Suburb/Town\*

State\*

Postcode\*

Company contact name\*

Company phone number

Contact email address

ABN

ACN

## 2 New employee

Title

First name\*

Middle name

Last name\*

Date of birth (DD/MM/YYYY)\*

Gender\*

Street Address / PO Box\*

Country of Birth\*

Suburb/Town\*

State\*

Postcode\*

Home phone number

Daytime phone number\*

Mobile phone number

Tax file number

Date joined employer (DD/MM/YYYY)\*

Employee's Australian Retirement Trust member number

If making a payment for this member please provide details:

Employer compulsory (SG)

Employer extra / Salary sacrifice

Member voluntary

**Important**

All details must be completed for any new employees you are enrolling with Australian Retirement Trust. Once we receive their details we'll send them a copy of our Product Disclosure Statement to give them all the information they need to know about us.

➔ Please continue over page


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*		Country of Birth*	
<input type="text"/>		<input type="text"/>	
Suburb/Town*	State*	Postcode*	Home phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number*		Employee's Australian Retirement Trust member number	
<input type="text"/>		<input type="text"/>	
Mobile phone number	Tax file number	Date joined employer (DD/MM/YYYY)*	Member voluntary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer compulsory (SG)		Employer extra / Salary sacrifice	Member voluntary
\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>

If making a payment for this member please provide details:

### Important

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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
Tax file number	Date joined employer (DD/MM/YYYY)*	Employee's Australian Retirement Trust member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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
Tax file number	Date joined employer (DD/MM/YYYY)*	Employee's Australian Retirement Trust member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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
Tax file number	Date joined employer (DD/MM/YYYY)*	Employee's Australian Retirement Trust member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

 Please return the form to  
Australian Retirement Trust  
Reply Paid 2924 Brisbane Qld 4001

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