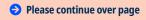
Super Savings Employer Change of Details					Australian Retirement Trust
 Use this form for change of details only. If change of ownership has occurred please contact us on 13 11 84 for further information. Important: Please provide us with as much information as possible. Use BLOCK letters and dark ink 					13 11 84 art.com.au Reply Paid 2924 Brisbane Qld 4001
when completing this form and ensure it is signed and dated.				Emple	wornumbor
				Empic	oyer number
1 Current employer details					
Employer's trading name		ABN			
Employer's registered name				ACN	
Street Address / PO Box					
Suburb/Town	State	Postcode	Email address		
Please complete only the sections you wish to ch	ange. Wher	e no changes are	required please leave the section blan	k.	
2 New employer details					
Employer's trading name					
Employer's registered name					
Additional contacts Only list	ed contacts v	will be able to acco	ess information. Please list all people you	authorise to access	information.
Full name			Full name		
Contact phone			Contact phone		
Full name			Full name		
Contact phone			Contact phone		
Full name			Full name		
Contact phone			Contact phone		
Eully and			.		
Full name			Full name		
Contact phone			Contact phone		



3 New company address

All mail will be sent to this address.

Street Address/PO Box	
Suburb/Town	State Postcode
Email address	
4 New contribution frequency	

I wish to pay contributions on a monthly basis.

I wish to pay contributions on a quarterly basis.

I confirm we are not required to contribute on a monthly frequency under an Industrial Award, and that any voluntary contributions made by our employees from their payroll will be sent to Australian Retirement Trust within 28 days of the end of the month in which they were deducted.

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

- I declare no changes of ownership have occurred since completing the original application to become a Australian Retirement Trust registered employer.
- I declare all details on this form are correct.
- · All authorised contacts understand all inbound and outbound calls to Australian Retirement Trust are recorded.
- All authorised contacts are aware Australian Retirement Trust's Privacy Policy is available at **art.com.au**.

Signed on behalf of the employer: Sign here Completed (DD/MM/YYYY)* Full name of signatory Please return the form 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 **art.com.au/privacy** or call **13 11 84**.