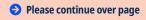
| Super Savings Employer Change of Details | | | | | Australian Retirement Trust |
|---|---------------|----------------------|---|---------------------|---|
| Use this form for change of details only. If change of ownership has occurred please contact us on 13 11 84 for further information. Important: 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**.