

# Super Savings Employer Change of Details



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

**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 when completing this form and ensure it is signed and dated.

**Employer number**

## 1 Current employer details

Employer's trading name	<input type="text"/>	ABN	<input type="text"/>
Employer's registered name	<input type="text"/>	ACN	<input type="text"/>
Street Address/ PO Box	<input type="text"/>		
Suburb/Town	State	Postcode	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete only the sections you wish to change. Where no changes are required please leave the section blank.

## 2 New employer details

Employer's trading name	<input type="text"/>
Employer's registered name	<input type="text"/>

### Additional contacts

Only listed contacts will be able to access information. Please list all people you authorise to access information.

Full name	<input type="text"/>	Full name	<input type="text"/>
Contact phone	<input type="text"/>	Contact phone	<input type="text"/>
Full name	<input type="text"/>	Full name	<input type="text"/>
Contact phone	<input type="text"/>	Contact phone	<input type="text"/>
Full name	<input type="text"/>	Full name	<input type="text"/>
Contact phone	<input type="text"/>	Contact phone	<input type="text"/>
Full name	<input type="text"/>	Full name	<input type="text"/>
Contact phone	<input type="text"/>	Contact phone	<input type="text"/>

**➔ Please continue over page**

### 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](http://art.com.au).

**Signed on behalf of the employer:**

Sign here



**Date application 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](http://art.com.au/privacy) or call 13 11 84.