

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

ABN

Employer's registered name

ACN

Street Address / PO Box

Suburb/Town

State

Postcode

Email address

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

Employer's registered name

Additional contacts

Only listed contacts will be able to access 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

Full name

Full name

Contact phone

Contact phone

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.


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 or call **13 11 84**.