Super Savings Income Account Withdrawal

O Use this form to request an additional income payment or lump sum withdrawal from your Income account.

On page 4 of this form you'll find buttons to easily save and print this form. If you have any questions, call us on **13 11 84** or visit **art.com.au**. Where there's a *, it means you must give us that information. If you don't, it'll slow down your application. Please complete this form in BLOCK letters, in blue or black ink.

1 Personal de	etails			
Title				
First name*		Middle name		
Last name*		Date of birth*	ΛΥΥΥΥ	
Home address* (must n	ot be a PO Box)			
Suburb*		State*	Postcode*	
Postal address (if differe	ent from your home address)			
Suburb*		State*	Postcode*	
Mobile number		Daytime contact num	ber	
Email* Use your persona	al rather than a work email address	s, so we can contact you	if your work situation changes.	
Other/previous names				
			Note: If you have changed your name, to provide a certified copy of a linking	
Important			sum withdrawal or an additional income payr ments and Centrelink entitlements, may have	
	which payment best suits you or yo	ou'd like to confirm the ir	are treated differently by reading the importar npact, if any, your payment will have on your f an give you advice, quickly over the phone.^	
		ayment may impact you	and you have been receiving Centrelink entitle r future Centrelink entitlements. Additionally, t	
	Retirement Trust employees provid	de advice as representativ Retirement Trust. SFS is a	our Super Savings account. This advice is inclu ves of Sunsuper Financial Services Pty Ltd (ABN separate legal entity responsible for the finan) for more information.	50 087 154 818 AFSL No. 227867)
				Please continue over page

Australian Retirement Trust

Member number

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

2 Choosing a payment option Please select ONE payment option only by ticking a box below

Lump sum payment

I want the lump sum withdrawal paid separate from my regular income payments.¹

OR

Additional income payment

I would like my payment treated as an additional income payment and added to my next scheduled income payment.

1 We aim to process all payments within 7–10 working days of receiving all the required information. In busy periods this may take longer.

Important information

Lump sum payment

With this option, the amount requested will be paid separate from your next regular income payment.

- Money withdrawn via this method does not count towards your annual minimum payment requirements, however the withdrawal will create a credit towards your transfer balance cap.
- Before a lump sum payment can be made, Australian Retirement Trust is required to calculate and pay into your nominated account, any unpaid minimum income payments to date. A pro-rated minimum amount will be paid in addition to your requested lump sum amount.
- If you have a Transition to Retirement account, this option is only available for 'unrestricted non-preserved monies'.

Additional income payment option

With this option, the amount requested is added to your next regular income payment.

- Money withdrawn via this method will count towards your annual minimum payment requirements, however, the amount will not create a credit towards your transfer balance cap (the maximum amount you can transfer to a retirement phase account).
- If you have a Transition to Retirement account, ongoing income payment amount as determined by legislation may be adjusted to ensure you don't go over the maximum limit.

3 Your payment amount

I'd like a payment of

\$

4

(Please specify an amount or write "TOTAL")

Important if you are aged under 60. Tax may apply to a lump sum payment or additional income payment. For a lump sum payment tax of up to 22% (including Medicare Levy) may be payable. For an additional income payment tax of up to 47% (including Medicare Levy) may be payable. Consider seeking taxation advice if you are under 60.

Your payment details

Please choose one of the following options:

Please deposit the payment into the same primary bank or credit union account used for my regular income payments (can skip to section 6).

OR

Please deposit the payment into another account for this payment only (must complete bank details and section 5).

OR

Please deposit the payment into another account. I'd like my regular payments to also be paid to the new account from the next available payment cycle (must complete bank details and section 5).

If you'd like us to pay into another account, please complete the details below.

Please ensure the Australian bank, building society or credit union account details provided are accurate and written clearly. We may not be able to recover funds paid to an incorrect account where incorrect details are provided below.

We can only deposit amounts into an account held in your name or jointly in your name.

Name on account*	
Branch (BSB) number*	Australian bank account number*
Name of financial institution*	

Money cannot be paid into a credit card account, third party account or an overseas account. We will take care to ensure your money is paid in accordance with the details you have provided. However, we accept no responsibility for any loss which occurs as a result of incorrect account details you provide us.

5 Proof of identity

As part of electronic identity verification, we'll check if your name, residential address and date of birth matches the personal information held by the document issuer or an official record holder (including a credit reporting agency). This allows us to verify you under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. It doesn't give us access to your credit information or other information about you AND our request won't be recorded on your credit file.

If you prefer not to be verified electronically you must tick the box under Option 2. You must then also provide document-based proof of identity per the instructions in our factsheet or on our website.

Please choose one of the proof of identity options below.

on how to prove your identity using your identity documents.

Option 1 - Electronic verification (Preferred)

I understand that by completing this section I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder (including a credit reporting agency).

Note: This doesn't give us access to your credit file information and won't be recorded on your credit file.

You must provide either driver licence or Australian passport details if you are choosing electronic verification, plus your Medicare card if available.

Full name including middle name (as shown on passport) Place of birth (as shown on your passport) Country of birth (not shown on your passport) Family name at birth (not shown on your passport)	State of issue Valid to D D M Y Y Some Australian States and Territories have mandatory driver's licence numbers and driver's licence card numbers. If that's the case for your area, you have to give us both so we can complete our checks. 2. My Australian passport number is Passport expiry date D M Y Y Full name including middle name (as shown on passport) Place of birth (as shown on your passport) Family name at birth (not shown on your passport) A full name exactly as it appears on my Medicare card My Medicare number is Valid to
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Please ensure you've completed the necessary items in the checklist. We will only process your payment once we have received all the information and documentation.

Have you completed all the mandatory fields and signed and dated this form?

If you prefer not to be verified electronically, have your referred to our Proof of Identity Requirements Factsheet at **art.com.au/poi** for instructions on how to prove your identity using your identity documents?

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

By signing this form, I am making the following declarations

- I am the person named on this form or have a power of attorney to act on the member's behalf¹, or
- If I'm signing this form on behalf of (or in addition to) a member under the age of 18 as their parent or guardian, I have attached appropriate proof of parent or guardianship, such as a certificate of birth or adoption papers.
- I am aware of taxes that may apply if I am under age 60 and any applicable tax will be deducted from my benefit.
- I have read and understood this form. To the best of my knowledge, the information I have provided on this form is true and correct.

1 If you are acting on behalf of an applicant under a power of attorney, and have not previously supplied a certified copy of the power of attorney, we require one to be supplied with this application along with certified copies of yours and the member's identification documents. If you have previously supplied these documents, we may require updated copies on request.

Important note. This form relates to a request for a Super Savings account. If you complete this form and have a QSuper account rather than a Super Savings account, we will endeavour to process your request, however if additional information is required you may need to resubmit your request on the correct form.

Member to sign here*

X

Full name (print in BLOCK letters)*

Date (DD/MM/YYY)*

We aim to process all payments within 7–10 working days of receiving all the required information. In busy periods this may take longer.

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

8 Send us your form

Send your completed form and certified ID (if applicable) to us by:

- Post: Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001
- Online: You can upload your forms securely using our website at art.com.au/upload

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**.

Save form

Print form