Super Savings

Income Account Withdrawal



Member number

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

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

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 o	letails			
Title				
First name*		Middle name		
Last name*		Date of birth*	MVVVV	
		ואוי ט ט יואו	MYYYY	
Home address* (must	not be a PO Box)			
Suburb*		State*	Postcode*	
Dootel address (if diff	sugart fue as very beaute and duese)			
Postal address (ii dilli	erent from your home address)			
Suburb*		State*	Postcode*	
Suburb		State	rostcode	
Mobile number	D	Daytime contact num	nber	
		,		
Email* Use your perso	nal rather than a work email address,	so we can contact you	if your work situation changes.	
		,	, ,	
Other/previous name	5			
			Note: If you have changed your na to provide a certified copy of a link	
			to provide a certified copy of a line	ang document.
Important				payment. Depending on the payment option nave tax consequences or may be restricted by
	which payment best suits you or you	u'd like to confirm the i		ortant information below. If you're not sure our future payments, speak to your financial a.^
	If you started your Income account l withdrawal or additional income pay additional payment or withdrawal.	before 1 January 2015, yment may impact you	and you have been receiving Centrelink e r future Centrelink entitlements. Addition	ntitlements since that time, making a ally, tax may apply if you aged under 60 for an
	^Our qualified financial advisers can		your Super Savings account. This advice is	included with your membership. Australian

(SFS), wholly owned by Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility

conditions apply. Refer to the Financial Services Guide (FSG) for more information.

Please continue over page

I want the lump sum withdrawal paid separate from my regular income payments. ¹			
	Important intormation		
regular income payments.	Important information		
	Lump sum payment With this option, the amount requested will be paid separate from your next		
OR	regular income payment.		
dditional 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. 		
I would like my payment treated as an additional income payment and added to my next scheduled income payment.	 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 		
We aim to process all payments within 7–10 working days of receiving l the required information. In busy periods this may take longer.	 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		
	 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 string poor to be a county). 		
	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.		
Your payment amount			
d like a payment of			
\$ (Please sp	pecify an amount or write "TOTAL")		
nportant if you are aged under 60 . Tax may apply to a lump sum paymen ncluding Medicare Levy) may be payable. For an additional income paymen exation advice if you are under 60.	nt or additional income payment. For a lump sum payment tax of up to 22% at tax of up to 47% (including Medicare Levy) may be payable. Consider seeking		
Your payment details			
lease choose one of the following options:			
Please deposit the payment into the same primary bank or credit union	on account used for my regular income payments (can skip to section 6).		
	OR —		
Please deposit the payment into another account for this payment on	nly (must complete bank details and section 5).		
	OR —		
Please deposit the payment into another account. I'd like my regular cycle (must complete bank details and section 5).	payments to also be paid to the new account from the next available payment		
you'd like us to pay into another account, please complete the details belo	ow.		
lease ensure the Australian bank, building society or credit union account de aid to an incorrect account where incorrect details are provided below. Ye can only deposit amounts into an account held in your name or jointly in y	etails provided are accurate and written clearly. We may not be able to recover funds		
ame on account*			
ranch (BSB) number* Australian bank account number*			
ranch (BSB) number* Australian bank account number* ame of financial institution*			

Please continue over page

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.

- Electronic verification (Preferred) lerstand that by completing this section I am authorised to provide the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to recognition to the personal details presented and I consent to the personal detail
mation being checked with the document issuer or official record holder (including a credit reporting agency).
provide either driver licence or Australian passport details if you are choosing electronic verification, plus care card if available. Full name exactly as it appears on my driver licence
Licence number Card number (as shown on back or front of licence)
State of issue Valid to
D D M M Y Y Y Y
7 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.
My Australian passport number is Passport expiry date
D D M M Y Y Y Y
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)
Full name exactly as it appears on my Medicare card
My Medicare number is Valid to M M 2 0 Y Y My reference number on this card is
Select your Medicare card colour Green Blue Yellow
Decument has despited in
- Document-based verification r to our Proof of Identity Requirements Factsheet at art.com.au/poi for instructions

Please continue over page

6 Checklist

Please	e 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 noi for instructions on how to prove your identity using your identity documents?

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Authorisation and declarationSign 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*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

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

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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

Save form



Print form

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.