Super Savings Non-member Spouse Information



Important: This is a notice to the Australian Retirement Trust trustee by a non-member spouse as required under Regulation 72 of the Family Law Superannuation Regulations 2001. Please provide us with as much information as possible.

Please tick box where appropriate. Use BLOCK letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.

Member spouse details 1

- ..

run name"					
Member number*	Date of birth (DD/MM/YYYY)*				
Residential address *					
Suburb/Town*	State*	Postcode*			
Postal address (if different to residential)					
Suburb/Town	State	Postcode			
2 Your details					
Title Full name*					Date of birth (DD/MM/YYYY)*
Residential address *					
Suburb/Town*	State*	Postcode*	Home phone number		Mobile phone number
Postal address (if different to residential)					
Suburb/Town	State	Postcode			
Email address*					
Do you currently hold a Super Savings Accumula account in Australian Retirement Trust?	ation YE	S NO	If yes, please provide your member number:		
3 Declaration					
I declare that the details on this form are correct.					
Signature*				Date (D	DD/MM/YYYY)*
· ·					
If you would like a copy of Australian Retirement Trust's I	Privacy Policy, v	visit australianretire r	e privacy of personal information you gi nenttrust.com.au/privacy or call 13 1 stee of Australian Retirement Trust ABN 60 905 1	1 84.	Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001



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

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Please scan correspondence to

Family law