

Super Savings – Tailored Insurance Cover Occupational Rating form

Important: Before completing this form please ensure you read and understand your Duty to Take Reasonable Care Not to Make a Misrepresentation located at art.com.au/duty

Refer to your Product Disclosure Statement (PDS) and Insurance Guide, available at art.com.au/pds for insurance details.

Please make sure you've answered all questions. If all questions are not answered, your application may be delayed as the form may be returned. Please tick boxes where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *Denotes mandatory field. Did you know you can complete this request quickly and easily in Member Online? Simply visit art.com.au/memberonline

Member number

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>
Street Address/PO Box*		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number	
<input type="text"/>	<input type="text"/>	

Note: Unless you have elected to receive printed information, Australian Retirement Trust will confirm this change electronically if we can. We'll email or SMS you when information is ready to view online through Member Online or the Australian Retirement Trust app. If you would prefer information is posted to you, change your preferences in Member Online, the Australian Retirement Trust app or call us on 13 11 84.

2 Details of your occupation

2A Are you currently working?
If 'No', go to Section 2B

Name of your employer

Occupation

Industry (E.g. Mining, Manufacturing, Construction, Agriculture, Fishing, Retail, Tourism).

Your annual income Degree/Trade qualified

List the **principal duties** of your occupation, and the **percentage of time** at work spent doing each (E.g. office work 20%, site inspection 80%).

Principal duties	Percentage of time
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>

List the **primary locations** of your occupation, and the **percentage of time** at each location (E.g. office 20%, home 30%, suburban driving 50%).

Primary locations	Percentage of time
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>

2B What is your employment status? Please specify if you are unemployed, a student, or home duties

Permanently employed¹ Casually employed Self-employed² Not employed³

¹ Permanently employed includes contractors on employment contracts of 6 months or longer and self-employed members receiving superannuation guarantee contributions.
² A person who operates a business or profession as a sole proprietor, partner in a partnership, or independent contractor, and reports income earned from self-employment.
³ Contractors employed on a contract of less than 6 months are required to select 'Not employed'.

2C Hours that you work a week (on average): Under 15 hours 15 hours to 60 hours Greater than 60 hours

2D When did you commence employment with your current employer? (DD/MM/YYYY)

2E If you are a contractor when does your employment contract cease? (DD/MM/YYYY)

➔ Please continue over page

3 Authorisation and declaration

Sign this application form and return to Australian Retirement Trust

I declare that:

- I understand that insurance cover will commence from the date the application is accepted by the insurer. The information I've given in this application and any separate statements I've given with it are true. I've disclosed everything that the insurer needs to know when deciding whether to insure me.
- I acknowledge and have read my Duty to Take Reasonable Care Not to Make a Misrepresentation at art.com.au/duty and all of my details on this form are correct.
- I understand that premiums will be deducted from my Accumulation account, and have considered the effect this will have on my super balance in retirement.
- I understand that I'm still able to cancel my cover in the future.
- I've read and understood the accompanying Super Savings Product Disclosure Statement (PDS). I understand that other important information which forms part of the PDS is contained in Super Savings Insurance Guide and that the entire PDS should be read.

Privacy


By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's respective Privacy Policies for the purposes of assessing your application. A copy of Australian Retirement Trust's Privacy Policy can be obtained by visiting art.com.au

A copy of the Insurer's Privacy Policy can be obtained by visiting aia.com.au. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

Member to sign here*



Date (DD/MM/YYYY)*

 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.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063