

# Super Savings Accumulation account withdrawal request



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

Use this form to withdraw money from your Super Savings Accumulation account

Important: Only Australian or New Zealand citizens or permanent residents of Australia are permitted to withdraw from their super using this form. For temporary residents, please refer to the Departing Australia Superannuation Payment (DASP) Additional Information form available at [art.com.au](http://art.com.au).

On page 6 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](http://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.

Member number

## 1 Personal details

Title

First name\*

Middle name

Last name\*

Date of birth\*

Home address\* (must not be a PO Box)

Suburb\*

State\*

Postcode\*

Postal address (if different from your home address)

Suburb\*

State\*

Postcode\*

Mobile number

Daytime contact number

Email\* Use your personal rather than a work email address, so we can contact you if your work situation changes.

Other/previous names

Note: If you have changed your name, you'll need to provide a certified copy of a linking document.

## Tax file number (TFN)

You don't have to provide your TFN, however if we don't have your TFN, you may pay more tax than you need to. If you have not provided us with your TFN, please update this via Member Online or please send us a Tax File Number Notification form available on our website. To protect your privacy, please do not write your TFN on this form.

## 2 Eligibility to access your super

Have you met the eligibility conditions

Yes, I have met one or more of the following:

I am 65 or older

I am 60 or older and permanently retired from work<sup>1</sup>

I am aged 60 to 64 and have stopped working for an employer since turning 60

Date ceased work

I have existing unrestricted non-preserved benefits

<sup>1</sup> This is your intention at the time you apply and does not mean that you cannot return to work in the future if your circumstances change.

Please continue over page

### 3 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.

#### 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.

##### 1. Full name exactly as it appears on my driver licence

Licence number

Card number (as shown on back or front of licence)<sup>2</sup>

State of issue

Valid to

<sup>2</sup> 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

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)

##### 3. Full name exactly as it appears on my Medicare card

My Medicare number is

Valid to

My reference number on this card is

Select your Medicare card colour  Green  Blue  Yellow

#### Option 2 - Document-based verification

Refer to our Proof of Identity Requirements Factsheet at [art.com.au/poi](http://art.com.au/poi) for instructions on how to prove your identity using your identity documents.

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## 4 Your withdrawal amount

Nominate how much you would like to withdraw.

I want to withdraw the following amount<sup>1</sup>  before tax (gross)

OR

I want to withdraw most of the money I have in my account, but leave the following amount in my

OR Accumulation account<sup>2</sup>

I want to withdraw all of my account balance and close my account<sup>3</sup>

### Important

If you want to maintain your insurance cover in your Super Savings account, you'll need to ensure there is enough money to pay for any future insurance premiums and you will need to make at least one eligible contribution every 12 months or advise us via Member Online that you wish to retain your insurance cover.

1 The amount you receive will be subject to the available balance on the date of payment. If this results in a withdrawal of your full balance, any insurance cover you may have with the account will cancel.

2 The amount retained in your Accumulation account may be higher or lower than your nominated amount due to changes in the daily unit price for the investment options you are invested in.

3 The amount you receive for a full withdrawal may be higher or lower than your nominated amount due to changes in the daily unit price for the investment options you are invested in. Withdrawing all your balance will close your account and cancel any insurance cover you may have with that account. You'll be required to submit a new Open an Accumulation account form if you'd like to join Australian Retirement Trust again.

## 5 Where do you want your withdrawal paid?

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\*

We only make payments into an Australian bank, credit union, or building society account in your name or a joint name. This means we cannot make payments into a credit card account or third party 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.

## 6 Checklist

Have you notified us on your intent to claim a tax deduction on contributions before submitting this form? If you want to claim a tax deduction on voluntary after-tax contributions you have already made, you must do this before you submit this form.

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

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

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## 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 behalf<sup>1</sup>, 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.
- Where the full balance of my account is paid from Australian Retirement Trust, I understand that by doing this, my insurance cover (if any) will end.
- If applicable, I have already submitted my request to Australian Retirement Trust notifying my intent to claim a tax deduction for my contributions, I have received confirmation from Australian Retirement Trust that this request has been processed.
- I approve the deduction of any applicable tax from the benefit paid. I am aware of taxes that may apply if I am under age 60.
- 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.

<sup>1</sup> 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\*



Please sign in blue or black pen. We only accept digital signatures via DocuSign and Adobe Sign, with an audit trail.

#### Full name (print in BLOCK letters)\*

#### Date (DD/MM/YYYY)\*

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

## 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](http://art.com.au/upload)

 Save form

 Print form

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