


Reversionary beneficiary nomination

 Use this form to add a reversionary beneficiary to your *Income account*. We recommend you speak to a financial adviser before completing this form as it may affect your Centrelink entitlement.

Important Note: This form is applicable to the Public Offer Division of Australian Retirement Trust. 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 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"/> M <input type="text"/> F		
Street Address / PO Box*				
<input type="text"/>				
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address		Mobile phone number		
<input type="text"/>		<input type="text"/>		

By providing us with a valid email address you consent to be registered for *Member Online* access. Details will be forwarded to you.

2 Income account type

I'm updating my: *Transition to retirement income account* *Retirement income account*

Note: If you're over age 65 the conditions for transition to retirement no longer apply and your account will become a *Retirement income account*.

3 Beneficiary

I would like to nominate a new reversionary beneficiary. I understand the reversionary beneficiary is limited to my spouse or defacto. I have read the information in Section 2 of the *Super Savings guide* before ticking this box.

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"/> M <input type="text"/> F

4 Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

- I declare I have fully read this form and the information completed is true and correct.
- I am an existing Australian Retirement Trust member. I agree that I have read the current *Super Savings Product Disclosure Statement* or *Super Savings Corporate - Product Disclosure Statement*, or *Super Savings - Business Product Disclosure Statement*.
- I understand that this nomination may impact my existing Centrelink entitlements or benefits.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

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