

Super Savings 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.

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

Important Note: 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="radio"/> M <input type="radio"/> 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"/>	

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 Accumulation 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="radio"/> M <input type="radio"/> 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 for Accumulation Account, Super Savings - Corporate Product Disclosure Statement for Accumulation Account, or Super Savings - Business Product Disclosure Statement for Accumulation Account.
- 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