

## **Super Savings**

## **Qantas Contribution Consolidation Request**

# Need some financial advice?

Speak to your adviser or contact Australian Retirement Trust's qualified financial advisers. They can give you simple advice over the phone about your Super Savings account to help you get your retirement lifestyle sorted.<sup>1</sup>

For a copy of the right forms just visit art.com.au/forms and follow the links.

Alternatively, give us a call on **13 11 84** and we'll help you get your Income account sorted.

#### STEP 1

#### Read the important information overleaf

We've added a handy checklist to page 2 and important information you need to read before you send us your forms.

## 1 Personal details

Ensure you include your residential address. Legislation states we may not be able to process your form without this. (Please note a PO Box is not a residential address.)

## 2 Opt in or opt out election

Ensure you nominate if you want to opt in or opt out to have your non-Qantas group employer contributions paid into your Super Savings Corporate Qantas Group Super acount.

## Checklist & Authorisation and declaration

Use the checklist to double check everything is complete. Then read the statements and sign. We can accept scanned forms, however any certified Proof of identity and supporting documents you need to provide must be mailed to Reply Paid 2924 Brisbane QLD 4001. If you have provided certified Proof of identity previously, and your details have not changed, these won't need to be resupplied unless they are older than 12 months.

This communication has been prepared and issued by Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975, the trustee of Australian Retirement Trust ABN 60 905 115 063 (the Fund). It contains general advice and does not take into account the investment objectives, financial situation or needs of any particular individual. You should consider if the advice is appropriate to your own circumstances before acting on it. Outcomes are not guaranteed. Past performance is not a reliable indication of future performance. You should also consider the relevant Product Disclosure Statement (PDS) before deciding to acquire or continue to hold any financial product and also the relevant Target Market Determination (TMD). We are committed to respecting your privacy. Our privacy policy sets out how we do this. For a copy of the PDS, TMD or Privacy Policy, please phone 13 11 84 or visit art.com.au

<sup>1</sup> Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), that is wholly owned by the Trustee as an asset of Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at art.com.au/fsg for more information. The Trustee has established a panel of accredited external financial advisers who are not employees of the Australian Retirement Trust group. The Trustee is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.

#### **Important information**

Before you can apply you will need the following supporting documents:



If you've changed your name and you have not previously let us know of your name change, you'll need to provide a certified copy of your Marriage certificate or Change of name certificate (must be obtained from the Births, Deaths and Marriages Registration office or relevant Government source from the issuing country), Deed Poll, Decree Absolute (Divorce Certificate), Divorce Order or other document satisfactory to us (linking document).

#### Will I need to provide further documents?

The details you provide will be matched with the ATO's SuperTICK service. If we're unable to match your details, you'll be asked to provide a certified proof of identity document to verify your identity.

## What is an acceptable identification document?

To verify your identity please attach a certified copy of:

- A. Your current driver's licence, current passport or current national identity card that contains your photo, name and **EITHER** residential address **OR** date of birth (please copy and certify both front and back sections if relevant), **OR**
- B. Your birth certificate, Australian birth extract, Citizenship certificate, or current Department of Human Services pension or health care card AND a current rates, electricity or gas notice (no more than three months old) or assessment from the Australian Taxation Office (no more than 12 months old) or a financial benefits notice from the Commonwealth, a state or a territory (no more than 12 months old) showing your name and current residential address.

#### What do we mean by certified?

We understand you'll want to provide us with copies of your ID documents, rather than the originals. That's fine, but you must have them 'certified' within the last 12 months. This means the certifier must:

- 1. Sight the original and the copy to make sure both documents are identical, and
- 2. Write or stamp 'certified true copy of original document' on each page, and
- Sign and print their name, qualification (e.g. Justice of the Peace, Australia Post employee), and the date on each page of the document.

## How your proof of identity document should look. (See example above right.)

- a) Copy of the document that identifies you
- b) 'Certified true copy' written or stamped and signature of authorised person
- c) Authorised person's stamp and registration number (if applicable)
- d) Name, qualification and phone number of authorised person
- e) Date of authorisation.

#### Who can certify?

- Justice of the Peace (including Commissioner for Declarations)
- · Police Officer
- One of the following with two or more years of continuous service:
  - a) Australia Post permanent employee
  - b) Financial Institution Officer e.g. bank employee
  - c) Australian Financial Services Licensee, authorised representative or officer.

For a full list of who can certify, including overseas certifiers, please visit art.com.au/id



#### Important notes on identification:

- We reserve the right to request additional information to verify your identity before paying your claim.
- We can't accept documents which have expired. If an expired document is received, we'll not be able to process your claim until suitable identification has been provided.
- If you're providing a document that is not in English, you'll also need to provide an English translation prepared by an accredited translator. For further information on this, please call us on 13 11 84.
- If signing on behalf of the member, certified copies of Guardianship papers or proof of Power of Attorney are required.

**Note:** You can also give your consent to Australian Retirement Trust to use Equifax to verify your identity electronically when your identification documents may not be sufficient for us to process your request.

## **Super Savings**

# Qantas Contribution Consolidation Request



Member number

13 11 84 | art.com.au Reply Paid 2924

Brisbane Qld 4001

This form is for Qantas employees who wish to opt in or out of having their non-Qantas Group employer contributions paid into their Super Savings Corporate account in the Qantas Group Superannuation Plan. 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. Use **BLOCK** letters and dark ink when completing this form and ensure it's signed and dated. \***DENOTES MANDATORY FIELD.** 

1 Personal details								
Title First name*			Middle name					
Last name*				Date of birth (D	th (DD/MM/YYYY)* Gender*		er*	
						M	F	
Street Address / PO Box*								
Suburb/Town*	State* Postcode*		Home phone number		Daytime phone number#			
Personal email address					Mobile phone numb	er		
<b>Note:</b> Unless you have elected to receive printed informati in Member Online. If you would prefer information is poste						ve information	to view	
Residential street address (if the same as above			Suburb/Town*		State*	Postcod	e*	
Other/previous names								
				Note: If you have changed your name, you'll need to provide a certified copy of a linking document. Please read the important notes on identification.				
2 Non-Qantas employer contril	oution re	quest						
Option 1: I wish to have my non-Qantas Superannuation Plan.	Group empl	oyer contribution	ns paid into my Super Sav	ings Corporate a	ccount in the Qanta	s Group		
I understand that to accept these contributi								
be transferred to my primary account on th the sub-account.	e same day. I	understand that I	don't pay extra fees or get (	extra insurance co	ver or other account b	enefits by ha	iving	
Option 2: I wish to have my non-Qantas	group empl	oyer contributior	ns paid into a Super Savin	gs Accumulation	account.			
I understand and accept these contribution account, I confirm that I have read the Supe fee and insurance arrangements that apply	er Savings Pro	oduct Disclosure St	atement for Accumulation A	Account available a				

Please continue over page

## 3

## **Authorisation and declaration**Sign this application form and return to Australian Retirement Trust:

By signing this request form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I have read and understand the Super Savings Corporate PDS for the Qantas Group Super Plan and the Super Savings PDS for Accumulation Account.
- I have notified my employer of my ART member number and USI.
- If I have selected Option 1, I understand this arrangement only applies while I have a a Super Savings Corporate Account in the Qantas Group Super Plan. This does not apply to other ART Corporate or business products.
- I understand that my non-Qantas Group employer's contributions will be invested in accordance with the investment choice for future contributions on either:
  - my Super Savings Corporate Account in the Qantas Group Super Plan (if I choose Option 1), or
  - my Super Savings Accumulation Account (if I choose Option 2).
- I understand this action is effective from the date processed.

Member to sign here\*

X

Full name (print in BLOCK letters)\*

Date (DD/MM/YYYY)\*

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

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.