

Super Savings

Non-member Spouse Information



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

⚠ This form needs to be completed by the non-member spouse and returned when sending the trustee court orders or a financial agreement to split a member's superannuation interest.

Important: This is a notice to the Australian Retirement Trust trustee by a non-member spouse as required under Regulation 144 of the *Family Law Superannuation Regulations 2025*. Please provide us with as much information as possible.

You've the option to list a third party as your contact for us to release information to related to your Family Law split. This could include a legal representative, support worker or other person or organisation. If you would like for this to happen, please check the box in Section 3 and provide their details.

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.

Office use only

Please scan correspondence to

Family law

1 Member spouse details

Full name*

Member number*

Date of birth (DD/MM/YYYY)*

Residential address*

Suburb/Town

State

Postcode

Postal address (if different to residential)

Suburb/Town

State

Postcode

2 Your details

Title

Full name*

Date of birth (DD/MM/YYYY)*

Residential address

Suburb/Town

State

Postcode

Home phone number

Mobile phone number

Postal address (if different to residential)¹

Suburb/Town

State

Postcode

Email address¹

Do you currently hold a Super Savings Accumulation account in Australian Retirement Trust?

YES

NO

If yes, please provide your member number:

¹ We need either your email OR your postal address. If you are providing details of a personal representative, you can provide their email OR postal address instead.

3 Personal Representative details

I consent to information related to my Family Law split, to be provided to the personal representative listed below.

YES

NO

Title*

First name*

Last name*

Organisation

Date of birth (DD/MM/YYYY)*

Home phone number

Mobile phone number

Work phone number

Email address¹

Postal address¹

Suburb/Town

State

Postcode

¹ We need either your email OR your postal address. If you are providing details of a personal representative, you can provide their email OR postal address instead.

4 Declaration


I declare that the details on this form are correct.

Signature*

Date (DD/MM/YYYY)*



We're careful with your personal information. Our privacy policy explains how we handle it. You can find it at art.com.au/privacy or call 13 11 84.

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

Australian Retirement Trust Pty Ltd
ABN 88 010 720 840 AFSL 228975
Australian Retirement Trust ABN 60 905 115 063