



# ARC Classic Super Series 4 Change of Details Form

Please complete this form using a black or blue pen.

## 1. PERSONAL DETAILS

(if known)

**Name**

Title  Mr  Mrs  Miss  Ms  Other

Surname  Given name(s)

Date of birth  Gender Female  Male  Other

**Residential address**

Street

Suburb  State  Postcode

Country

**Mailing address** (if different to residential address)

Street

Suburb  State  Postcode

Country

**Contact details**

Home phone number  Work phone number

Mobile phone number

Email address

## 2. CHANGE OF NAME

To change your name, please attach an original certified copy of your marriage certificate or deed poll certification and complete the sections below.

Previous name  New name

Previous signature  Previous signature

### 3. DIRECT DEBIT

Please complete this section if you want to cancel or modify your direct debit arrangement with TAL. This form cannot be used to set up a new direct debit arrangement. Please complete an Additional Contribution and Direct Debit Request form to do so. The form is available on [www.arcmt.com.au](http://www.arcmt.com.au) or by calling us.

Cancel my direct debit      or       Modify my direct debit amount to  
 Before next billing date\*      or       From this date

\$				
DD	/	MM	/	YYYY

Please complete this section if the contribution type is changing.

Personal       Spouse

All Employer contributions can only be paid via Superstream.

\* You should provide us with at least fourteen (14) days' notice to cancel or modify your direct debit arrangement. If you're unsure about your next billing date, please call us.

### 4. INSURANCE COVER CANCELLATION

Please indicate below what type of insurance cover you would like to cancel.

Note ARC Classic Super Series 4 offers 2 types of insurance cover: Death only and Death combined with Total and Permanent Disablement.

I wish to cancel my insurance benefits as follows:

Total and Permanent Disablement only     
  Death and Total and Permanent Disablement     
  Death

### 5. INVESTMENT SELECTION

Please complete this section if you would like to select the investment option(s) in which you wish to have your superannuation invested.

It is important you read the 'Investments' section in the ARC Classic Super Series 4 Member Booklet and the relevant Investment Option Profile, both available on our website [www.arcmt.com.au](http://www.arcmt.com.au) in the 'Member Resources' section under the 'ARC Classic' tab before you make any investment decision.

#### Investment switch instructions

- Please apply all future contributions and switch my existing account balance to the following investment option(s).  
 Please switch only my existing account balance to the following investment option(s).  
 Please apply only future contributions to the following investment option(s).

Investment option	% to be invested	Code (TAL use only)
<b>Open investment options</b>	ARC Conservative	EG (V2)
	ARC Growth	EH (V3)
	ARC Moderate	EI (V4)
	ARC Guaranteed Cash	EJ (V5)
	ARC Australian Shares	EK (V6)
<b>Closed investment option</b> <i>(options are closed to members who are not currently invested in them). Existing members can only decrease the percentage.</i>	ARC Capital Protected	EF (V1)
	ARC Capital Protected S1	EL (V7)
	ARC Growth S1	EM (V8)
	ARC Capital Protected S2	EN (V9)
<b>TOTAL (must add up to 100%)</b>		

## 6. ADVISER CHANGES

Please complete this section if you wish to change your current TAL adviser and/or amend the current adviser remuneration structure.

### New TAL adviser details

Adviser name	<input type="text"/>
Dealer group/ Licence holder name	<input type="text"/>
Adviser number	<input type="text"/>

### Fee structure

Please refer to section 'Fees and costs' in the ARC Classic Super Series 3 Member Booklet available on our website [www.arcmt.com.au](http://www.arcmt.com.au) for full details on the fees and other costs applicable.

#### Contribution Fee

The Contribution Fee is charged on each contribution, rollover or transfer made to your account. This amount excludes GST and represents the amount you may negotiate with your financial adviser. You authorise us to make this payment to your financial adviser on your behalf as set out in the member declaration. The amount paid to your financial adviser will increase to allow for GST. However, this does not affect the amount paid by you.

##### On contribution

<input type="checkbox"/> 4.0%	<input type="checkbox"/> 3.5%	<input type="checkbox"/> 3.0%	<input type="checkbox"/> 2.5%	<input type="checkbox"/> 2.0%	<input type="checkbox"/> 1.5%	<input type="checkbox"/> 1.0%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 0.0%
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##### On Rollovers/Transfers

<input type="checkbox"/> 4.0%	<input type="checkbox"/> 3.5%	<input type="checkbox"/> 3.0%	<input type="checkbox"/> 2.5%	<input type="checkbox"/> 2.0%	<input type="checkbox"/> 1.5%	<input type="checkbox"/> 1.0%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 0.0%
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#### Adviser Service Fee

The Adviser Service Fee nominated below will replace the existing Adviser Service Fee amount currently charged. This is an ongoing fee (payable monthly), calculated as a percentage of the assets in your account. This amount excludes GST and represents the amount you may negotiate with your financial adviser. You authorise us to make this payment to your financial adviser on your behalf as set out in the member declaration. The amount paid to your financial adviser will increase to allow for GST. However, this does not affect the amount paid by you.

<input type="checkbox"/> 0.0%	<input type="checkbox"/> 0.1%	<input type="checkbox"/> 0.2%	<input type="checkbox"/> 0.3%	<input type="checkbox"/> 0.4%	<input type="checkbox"/> 0.5%
<input type="checkbox"/> 0.6%	<input type="checkbox"/> 0.7%	<input type="checkbox"/> 0.8%	<input type="checkbox"/> 0.9%	<input type="checkbox"/> 1.0% (maximum)	

#### Remove adviser

I want to remove the below financial adviser(s) currently servicing my policy

Adviser 1 full name	<input type="text"/>
Adviser 2 full name	<input type="text"/>

## 7. AUTHORISED REPRESENTATIVE

Please complete this section only if you wish to nominate an Authorised Representative. The following persons, in addition to yourself (and your financial adviser), are authorised to access information in relation to your ARC account. Please note this nomination will replace any existing nomination you have made in respect of your ARC account.

Name

Signature

Director  Sole Director and Secretary

Company signatories must indicate their correct capacity.

Name

Signature

Director  Sole Director and Secretary

Company signatories must indicate their correct capacity.

## 8. NOMINATION OF BENEFICIARIES

### IMPORTANT INFORMATION

Understanding who receives your superannuation money in the event of your death is important. Please read through the following information carefully before completing this section. You should discuss this with your financial adviser so that your individual circumstances can be taken into account.

#### What options do I have for a death benefit nomination?

Under the rules of the Fund, you have two options for advising us how you would like your death benefit paid. Please read the information table below on each of the available options before completing the Form.

	<b>BINDING DEATH BENEFIT NOMINATION</b> Option 1	<b>NON-BINDING DEATH BENEFIT NOMINATION</b> Option 2
<b>Who gets my benefit in event of my death?</b>	If, at the time of your death, you have made a binding nomination which is valid under Superannuation Law and nominates dependant(s) <sup>1</sup> or your personal representative, the Trustee of the Fund must pay your benefit in accordance with your nomination. Any portion of your benefit which cannot be paid in accordance with the binding nomination, or if the nomination has expired under Superannuation Law, will be paid in accordance with the rules of the Fund.	The Trustee of the Fund will seek to determine all dependants <sup>1</sup> and considering your nomination, determines to whom and in what proportions to pay your benefit.
<b>What is a valid nomination?</b>	Your nomination must: <ul style="list-style-type: none"> <li>• be in writing using this form</li> <li>• clearly show the proportion of the benefit to be paid to each person nominated (i.e. total 100%)</li> <li>• be signed and dated by you in the presence of two witnesses (refer to the form for further information)</li> <li>• be received by us before the time of death</li> <li>• nominate dependant(s)<sup>1</sup> (at the date of your death) or your personal representative<sup>2</sup>; and</li> <li>• be no more than 3 years old.</li> </ul> <p><i>Please note, by confirming the receipt of your nomination, the Trustee is not confirming that it is valid in all respects. As a member's circumstances can change, the Trustee does not check the validity of a nomination until after the death of a member.</i></p>	Your nomination must: <ul style="list-style-type: none"> <li>• be in writing using this form</li> <li>• clearly show the proportion of the benefit you wish to be paid</li> <li>• to each person nominated (i.e. total 100%)</li> <li>• be signed and dated by you; and</li> <li>• be received by us.</li> </ul> <p><i>Please note, by confirming the receipt of your nomination, the Trustee is not confirming that it is valid in all respects. As a member's circumstances can change, the Trustee does not check the validity of a nomination until after the death of a member.</i></p>
<b>How long is my nomination valid?</b>	Your nomination is valid for three years from the date you sign the Binding Nomination section of this form.	Your nomination is valid from the date we receive it and will remain valid until you instruct us otherwise.
<b>Is there anything else I should know?</b>	It is important to update your binding death benefit nomination every three years and when your circumstances change. If your nomination is valid at the time of death, the Trustee will be bound by your binding nomination, even if your circumstances have changed.	Because the nomination is not binding, the Trustee of the Fund will consider any changes to your circumstances after making the nomination and will consider claims by any of your dependant(s) <sup>1</sup> you have not nominated or your personal representative.

#### Who are my dependant(s)?

Under each of these options, you may only nominate a dependant<sup>1</sup> or your personal representative<sup>2</sup> to receive your death benefit.

##### <sup>1</sup> 'Dependant' means:

- your spouse (meaning legal or de facto spouse, or other person with whom the member is in a relationship where they are living together on a genuine domestic basis as a couple)
- your child (including adopted child, step-child, ex-nuptial child and child of member's spouse)
- any person who is financially dependent on you; or
- any person with whom you have an interdependency relationship. You have an interdependency relationship with a person with whom you have a close personal relationship and with whom you live where one or both of you provides the other with financial support and one or both of you provides the other with domestic support and personal care (or are prevented from doing this because one or both of you suffers a physical, intellectual, psychiatric or other disability).

<sup>2</sup> Where a death benefit exceeds \$50,000, the Trustee will only recognise a person as your legal personal representative if they have obtained a Grant of Probate or Letters of Administration (as relevant).

The Trustee is only able to pay another individual if no dependant(s) and no personal representative can be identified/established.

**Please read the IMPORTANT INFORMATION at the beginning of Section 8 before nominating beneficiaries. Please ensure you complete the Personal Details section as well.**

**OPTION 1 – BINDING DEATH BENEFIT NOMINATION**

I wish to make a binding death benefit nomination and direct the Trustee to pay the following person(s) in the noted proportions on the event of my death:

Title, First Name and Surname of Dependant	Full address of Dependant	Date of birth	Dependant relationship <sup>1</sup>	Benefit (%)
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
Personal Representative (your estate)				
Total (must add up to 100%)				100%

Signature  Date

Signed in the presence of both of us at the same time, and attested and signed by us as witnesses in the presence of the member and each other.

Witness 1 Signature  Date

Witness 1 name

Witness 1 Date of birth

Witness 1 address

Suburb  State  Postcode

Witness 2 Signature  Date

Witness 2 name

Witness 2 Date of birth

Witness 2 address

Suburb  State  Postcode

- Your nomination remains valid for 3 years and should be reviewed regularly, particularly if your circumstances change such as in the case of marriage or divorce.
- If your nominated beneficiary is not a dependant at the date of your death or your nomination is otherwise not valid, your benefit will be paid to your personal representative.
- Under Superannuation Law, if you make a binding death benefit nomination, you must sign this Form in the presence of two witnesses who are over age eighteen and who are not nominated as beneficiaries. All signatures must be made using the same pen.
- This nomination will replace any existing nomination you have made.

**OPTION 2 – NON-BINDING NOMINATION**

I wish to make a non-binding death benefit nomination and request the Trustee to consider paying the following person(s) in the noted proportions in the event of my death:

Title, First Name and Surname of Dependant	Full address of Dependant	Date of birth	Dependant relationship <sup>1</sup>	Benefit (%)
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
Personal Representative (your estate)				
Total (must add up to 100%)				100%

The Trustee is not bound by this nomination but will take it into account in deciding how and to whom any death benefit will be paid. The Trustee will consider any changes to your personal circumstances and the merits of claims by any dependant(s) you have not nominated.

This nomination will replace any existing nomination you have made.

Signature  Date

**9. PRIVACY**

‘We’ and ‘us’ and ‘our’ refer to the provider of the group risk insurance: TAL Life Limited ABN 70 050 109 450 80

‘You’ and ‘Your’ refer to the individual whose information we collect and hold for the purposes of providing products and services to you.

The way in which TAL collects, uses and discloses your information is described in the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or on request. If you have any questions regarding your privacy please contact our Privacy Officer. You may be entitled to gain access to information we have on file about you. If you wish to request access, please contact TAL in writing.

Personal and sensitive information is collected from you to enable TAL to provide its products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your policy or at claim time. If you do not supply the required information to us we may not be able to provide our products and services to you or pay your claim. In processing and administering your insurance (including at the time of claim) your personal information may be disclosed to TAL and any relevant bodies corporate including the following third parties, where necessary: your employer, general practitioners or health professionals to verify any health information you may provide, your (or your employer’s, if relevant) financial adviser, other companies within the TAL group of companies; organisations to whom we outsource our mailing, administration and information technologies, the Insurance Reference Service, investigators, the Trustee (if relevant), the administrator of the product or fund, reinsurers, Government departments if required or authorised to do so, or any person acting on your behalf such as a lawyer or accountant. Information regarding the privacy rights of individuals is available at [www.oaic.gov.au](http://www.oaic.gov.au) which is the website of the Office of the Australian Privacy Commissioner.

By signing this Form you permit TAL to collect, use and disclose your personal and sensitive information in accordance with our Privacy Policy.

## 10. MEMBER DECLARATION

Please read the following acknowledgements and declarations carefully and sign at the bottom of this section.

If the Adviser remuneration details in Section 6 were completed, I authorise TAL to make these payments to my adviser for information, assistance and services my adviser has provided to me in relation to this product. I confirm that the amounts were inserted in that section prior to me signing this form and agree that the Trustee has no responsibility in relation to the provision of such adviser services.

If I am applying to cancel my insurance cover:

- I understand my insurance cover will cease once ARC receives my written request, and
- I understand that if I decide to apply for insurance at a later stage, the Fund's insurer will require information about my state of health.

If I have updated my Investment Option(s), I:

- confirm that I have read and understood the relevant information for my selected investment option(s) prior to making my investment decision.

If I have made or updated my nomination of beneficiaries, I understand that:

- this nomination will replace any existing nomination made in respect of my ARC account
- the Trustee is not bound by this nomination but will take it into account in deciding how and to whom any death benefit will be distributed, and
- the Trustee can only pay a death benefit from the Fund to my Legal Personal Representative or one or more Dependant(s); meaning my legal or de facto spouse or other person with whom I am in a relationship where we are living together on a genuine domestic basis as a couple, my child (including adopted child, step-child, ex-nuptial child and child of a member's spouse), any person financially dependent on me or with whom I have an interdependency relationship at the date of my death. The Trustee is only able to pay another individual if no Dependants and no Legal Personal Representative can be identified.

Member signature

Date

## 11. CONTACT DETAILS

### ARC Classic Super Customer Service Consultants

Call 1300 209 088

Monday to Friday 8.00am – 7.00pm (AEST/AEDT)

Email: [customerservice@tal.com.au](mailto:customerservice@tal.com.au)

Website: [www.arcmt.com.au](http://www.arcmt.com.au)

Please return your completed Form and any supporting paperwork to:

**ARC Classic Super**, GPO Box 5380, Sydney NSW 2001