



# Inactive low balance account authorisation

Use this form if you have an inactive low balance account and you would like your account to stay with Rest.

## Your account is an inactive low balance account if it:

- has a balance under \$6,000
- does not have insurance
- has not had certain types of activity in the past 16 months, such as receiving contributions, changing your investment option, changing your insurance, or making a binding beneficiary nomination.

Your account is not an inactive low balance account if you have met a condition of release which allows you to access your super, for example you have retired, or reached preservation age.

Visit [rest.com.au/member/tools/glossary](http://rest.com.au/member/tools/glossary) for more information about conditions of release.

## Important things to know:

- by completing this form and returning it to Rest, your inactive low balance account will stay with Rest, and won't be transferred to the Australian Taxation Office (ATO) for consolidating with any other super you may hold
- your account with Rest will continue to be subject to fees and charges
- you'll need to complete a new authorisation if your account again meets the definition of an inactive low balance account in the future
- you'll need to provide this form to Rest 30 days prior to 31 October and 30 April each year in line with ATO reporting requirements.

Thanks for filling out this form – it should only take a few minutes. To help us clearly note your details, please write in BLOCK LETTERS and use a black or blue pen. Don't forget to sign and date it before you email it (and any attachments) to us at [contact@rest.com.au](mailto:contact@rest.com.au) – without your signature and date this form won't be valid.

## 1. Your personal details

Member number  Date of birth (dd/mm/yyyy)    Title

Surname  Given name(s)

### Residential address

Unit number  Street number  Street name

Suburb/Town  State  Postcode

Telephone (business hours)  Mobile  Email address

### Postal address (if different from above)

Unit number  Street number / PO BOX  Street name

Suburb/Town  State  Postcode

## 2. Authorisation

I authorise Rest to act on my behalf and advise the ATO in writing that I am not a member of an inactive low balance account.

Signature of applicant

(dd/mm/yyyy)