

Third party authorisation

1800 005 166

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Important information

This authorises the nominated person or organisation to access information on all CareSuper accounts held by you while the authority remains valid.

Authority to act on a member's accounts

A third party can only act on your behalf in the following circumstances. If a third party falls into one of these categories and is able to provide the required documents, they can sign this form and will be able to act on your behalf:

	The following must be provided:
Parents of minor children	A certified copy of the minor's birth certificate.
Power of attorney	A certified copy of the power of attorney document which has been registered in Australia.
Legally appointed guardian or administrator	A certified copy of the legal orders.

Section 1

Your details

Member number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email



Section 2

Authorise your family or friends

If a family member or friend is your power of attorney or legally appointed guardian or administrator, skip to section 4.

The person I'm authorising is my:

Spouse

Family or friend

Parent -

Only available for members under 18 years of age. We need a certified copy of your (the member's) birth certificate.

Their details are:

Mr

Mrs

Ms

Miss

Dr

Date of birth (DD MM YYYY)

Given name(s)

Last name

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email

Section 3

Authorise your professional adviser

The person or organisation I'm authorising is my:

Financial planner

Solicitor/lawyer

Tax agent

Adviser for departing Australia super payments

Their details are:

Organisation name

ABN

AFSL number

My professional adviser/main contact person

We'll authorise all staff working for this organisation, unless you tell us you want access limited to your professional adviser.

I only authorise my professional adviser. I don't want other staff members to be able to access my account information.

Address

Suburb/Town/City

State

Postcode

Phone

Email

Financial planners only

I authorise my financial adviser named above and all staff working for this organisation to view my account details using CareSuper's *Adviser portal* (if the organisation is authorised to use the portal).

Section 4

Authorise your power of attorney or legally appointed guardian or administrator

The person I'm authorising is my:

Power of attorney Guardian or administrator as appointed by an Australian court or tribunal

You'll need to provide certified copies of the legal documents. See the important information section on page 1. Please note, we may require evidence if you want to remove this authorisation from your account in the future.

Their details are:

Mr	Mrs	Ms	Miss	Dr	Date of birth (DD MM YYYY)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Given name(s)

Last name

Residential address

Suburb/Town/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone

Email

Section 5

Authority duration

How long your authority lasts depends on the type of nomination you're making:

- **spouse** – this won't expire unless you ask us to cancel the authority
- **parent** – this expires when you turn 18 years of age
- **power of attorney and legally appointed guardians and administrators** – this depends on the nature of the arrangement and what's written in the legal documents
- **all other authorisations** – these expire two years from the date you sign this form

If you want your authority to be for a shorter period, tell us when it should expire:

Expiry date (DD MM 20YY) 2 0

Section 6

Member declaration

By signing this form I'm making the following statements:

- I understand that I'm authorising a third party to have access to my account information.
- I understand that certain third parties may update and transact on my account on provision of certified copies of legal documentation as evidence of their authorisation.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at caresuper.com.au/privacy-policy or by calling us on **1800 005 166**.

Your signature

Date (DD MM YYYY)



- Return the completed, signed and dated form via:
- upload using the Contact Us portal in Member Online
 - email to info@caresuper.com.au
 - mail to CareSuper, GPO Box 1547, Hobart TAS 7001