authority to access information

Important

Complete all sections of this form to allow a third party to access your account details.

1. Your personal details

CareSuper member number

Date of birth (DD/MM/YYYY)

Mr/Mrs/Ms/Miss/Dr

Surname

Given names

Address

Suburb/town

State

Postcode

Telephone (home)

Telephone (work)

Mobile number

2. Third party details

Name of third party you are appointing

Please tick (✓) the appropriate box

Relationship to you

- ☐ Relative. Please specify relationship:
- ☐ Agent ☐ Legal representative ☐ Power of attorney (please provide a copy of your Power of attorney)
- ☐ Financial planner. Please provide the name of the financial planning company:
- ☐ Other. Please specify

Third party address

Suburb/town

State

Postcode

Contact telephone number

3. Authorisation

You must sign and date this form.

- I hereby authorise the above-named person to have access to and/or provide information about my CareSuper account.
- I understand that this authority will expire 24 months from the date I sign this form, unless I cancel it in writing.
- By acting on this request, I release CARE Super Pty Ltd (the Trustee) from any liability or responsibility, both now and in the future, due to the release or acceptance of information. I understand that the Trustee can only release information that I, in my personal capacity, am entitled to.
- If you have appointed a financial planner:
  I authorise staff from the company named above to access information about my account.
  By ticking (✓) yes, I understand that CareSuper will accept and/or release my information to anyone who claims to act for or represent the company named above. ☐ Yes ☐ No

Member's signature

Date (DD/MM/YYYY)

Return this completed form to:

CareSuper
Locked Bag 5087
Parramatta NSW 2124

For more information call the CareSuperLine

1300 360 149

CARE Super Pty Ltd (Trustee) ABN 91 006 670 060 AFSL 235226. **CARE Super** (Fund) ABN 98 172 275 725

CR/THR/PRT/AUTH 737.9 12/11 ISS2