CareSuper

Authority to access information

IMPORTANT

Complete all sections of this form to allow a third party to access your account details.
Please also attach proof of your identify to this form (e.g. a copy of your passport or driver licence).
Complete this form in blue or black pen using BLOCK LETTERS and tick ☑ where applicable.

1. YOUR PERSONAL DETAILS

Tick (✔) what type of member you are ◯ Super member ◯ Pension member

Member account number

Date of birth (DD/MM/YYYY)

Title

Surname

Given names

Residential address (required)

Suburb

State/territory

Postcode

Postal address (if different from above)

Suburb

State/territory

Postcode

Mobile

Daytime telephone

Email

Gender ◯ Male ◯ Female

2. THIRD PARTY DETAILS

Name of third party you are appointing

Full name of primary contact

Third party address

Suburb

State/territory

Postcode

Contact telephone number

If you're providing authority to a company, please provide a primary contact name in Section 2.

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RELATIONSHIP TO YOU Please tick (✔) the appropriate box.

◯ Financial Planner (please provide the name of the financial planning company)

Company name

Full name of primary contact

ABN

AFSL

◯ Family representative/relative name (please specify relationship)

Representative name

◯ Legal representative

◯ Agent

◯ Power of attorney (please provide a copy of your Power of attorney)

◯ Other (please specify)

3. PROVIDE YOUR IDENTIFICATION

To validate you are making this authorisation please attach a copy of ONE of the following:

◯ Your Driver licence

◯ Your passport

◯ Proof of age card

(The copy does not need to be certified.)

4. AUTHORISATION

- I hereby authorise the above-named person (overleaf) 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, make sure you've provided a primary contact name in Section 2.

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 having first asked for the person I have named. ◯ Yes ◯ No

Full name

Member's signature

Date (DD/MM/YYYY)

YOU MUST SIGN AND DATE THIS FORM

The form won't be valid if you don't sign it.

ONCE YOU'RE DONE

Return this completed form together with a copy of your proof of identity to:

CareSuper
Locked Bag 20019
Melbourne VIC 3001

For more information call **1300 360 149**.