

Authority to access information



Email

IMPORTANT

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

Please also provide copies of your <u>current</u> ID documents with this form (e.g. a photo 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 $(\mbox{\em \prime})$ what type of member you are	Super member	er O Pension me	mber	
	/ /			
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				-
2. THIRD PARTY DETAILS				
Name of third party you're appointing				
Full name of primary contact				
Third party address				16 vo vina na navialina
Suburb		State/territory	Postcode	If you're providing authority to a company or financial planner, please provide
Contact telephone number				a primary contact name in section 2.

(F	inancial Planner (please provide the name of the financ	cial planning company)	
(Company name		
F	-ull name of primary contact		
ļ	ABN	AFSL	
C	Contact telephone number		
_	email Family representative/relative name (please specify rela	tionship)	
F	Representative name		
	egal representative		
	Agent		
_	Power of attorney (Please provide a certified copy of your F be sent via post.)	Power of attorney. Note this must	
0	Other (please specify)		
3. PF	ROVIDING IDENTIFICATION		
Fors	security reasons, you'll need to provide a copy of ONE of yo	our current ID documents.	
ľve p	provided a photo of my:		
0	Oriver licence		
O F	Passport		
O F	Proof of age card		
(The	copy doesn't need to be certified.)		
4. Al	UTHORISATION		
in	nereby authorise the above-named person (on page 1) to he formation about my CareSuper account.	·	
	understand that this authority will expire 24 months from t cancel it in writing.	the date I sign this form, unless	YOU MUST PRINT AND THEN SIGN THIS FORM
re to	y acting on this request, I release CARE Super Pty Ltd (the esponsibility, both now and in the future, due to the release nominees. I understand that the Trustee can only release ersonal capacity, am entitled to.	e or acceptance of information	The form won't be valid if you don't sign and date it. ONCE YOU'RE DONE
	authorise all staff from the company named above to acce	ess my information.	Upload this completed
Ιι	understand that my personal information will only be used becified in CareSuper's Privacy Policy at caresuper.com.au	for the purposes	form and your ID photo to the 'Contact us' section of your
l d hd pe	confirm that I've read CareSuper's Privacy Policy at caresupow CareSuper intends to handle my personal information were sonal information will only be used for the purposes special use of my personal information by the Trustee to admir	per.com.au/privacy. I understand and acknowledge that my cified. I consent to the collection	MemberOnline account or at caresuper.com.au/getintouch
31	., , , , , , , , , , , , , , , , , , ,	.,	Post to: CareSuper
×			Locked Bag 20019
Mem	ber's signature	/	Melbourne VIC 3001 For more information
. 2			call 1300 360 149 .

Full name

RELATIONSHIP TO YOU Please tick (\checkmark) the appropriate box.