



**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

\_\_\_\_\_  
Contact telephone number

\_\_\_\_\_  
Email

Family representative/relative name (please specify relationship)

\_\_\_\_\_  
Representative name

Legal representative

Agent

Power of attorney (Please provide a certified copy of your Power of attorney. Note this must be sent via post.)

Other (please specify)

### 3. PROVIDING IDENTIFICATION

For security reasons, you'll need to provide a copy of ONE of your current ID documents.

I've provided a photo of my:

Driver licence

Passport

Proof of age card

(The copy doesn't need to be certified.)

### 4. AUTHORISATION

- I hereby authorise the above-named person (on page 1) 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 to nominees. I understand that the Trustee can only release information that I, in my personal capacity, am entitled to.

I authorise all staff from the company named above to access my information.

I understand that my personal information will only be used for the purposes specified in CareSuper's Privacy Policy at [caresuper.com.au/privacy](https://caresuper.com.au/privacy).

I confirm that I've read CareSuper's Privacy Policy at [caresuper.com.au/privacy](https://caresuper.com.au/privacy). I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified. I consent to the collection and use of my personal information by the Trustee to administer my superannuation account.

✕

\_\_\_\_\_  
Member's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Full name



#### YOU MUST PRINT AND THEN SIGN THIS FORM

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

#### ONCE YOU'RE DONE

Upload this completed form and your ID photo to the 'Contact us' section of your MemberOnline account or at [caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)

OR

Post to:

**CareSuper  
Locked Bag 20019  
Melbourne VIC 3001**

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