

## Important information

Use this form to authorise us to provide information about your First Super accounts to the person(s) you nominate, such as:

- your attorney (under a Power of Attorney)
- your spouse or a family member
- your accountant
- your union representative, or
- your financial adviser
- the Public Trustee.
- your guardian

By signing this form you authorise the nominated person(s) to have access to information about your First Super accounts for a period of **12 months** from the date this form is signed. The authority won't take effect until we've received your completed form.

The nominated person(s) won't be authorised to change your personal contact details, give any instructions or make any transactions on your behalf, including switching investment options, making contributions, requesting a rollover or making withdrawals. Personal information such as your TFN and financial institution account details won't be released to the nominated person(s) under any circumstances.

If you are a partner or spouse who needs to transact on a member's behalf, First Super will require a Power of Attorney from you.

You can cancel your authority at any time before the end of the 12-month period by providing written notice to First Super. This will take effect when we receive your notice. Alternatively, you can supply us with another form and your authorisation details will be updated.

## Privacy information

First Super is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide on this form is collected and used in accordance with our Privacy Policy which can be found online at [www.firstsuper.com.au/privacy-policy](http://www.firstsuper.com.au/privacy-policy)

Please use **CAPITAL LETTERS** and a black or blue pen.

### Section 1 | Member details

Title	Date of birth (DD/MM/YYYY)	Member number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname (Family name)		
<input type="text"/>		
Given name(s)		
<input type="text"/>		
Residential address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

Please update my details.



**Did you know?** First Super has a team of Financial Advisers who can help you with your retirement savings at no additional cost - it's part of your First Super membership. Find out more at [www.firstsuper.com.au/financial-advice](http://www.firstsuper.com.au/financial-advice)

## Section 2 | Nominate your representative

To nominate an individual, complete **section 3** and to nominate a company, complete **section 4**.

I authorise First Super or its Administrator to release information about my super entitlements to my:

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Financial Adviser         | <input type="checkbox"/> Financial Adviser company |
| <input type="checkbox"/> Attorney (under a Power of Attorney) | <input type="checkbox"/> Spouse or a family member |
| <input type="checkbox"/> Accountant                           | <input type="checkbox"/> Union representative      |
| <input type="checkbox"/> Guardian                             | <input type="checkbox"/> Public Trustee            |

## Section 3 | Purpose of authority (individual person)

I authorise First Super or its Administrator to release information about my super entitlements for the purposes of receiving and accessing information.

Representative's full name

Company

ABN

Telephone (work)

Mobile

AFS license number **(Mandatory for Financial Advisers)**

AFSL authorised representative number **(Mandatory for Financial Advisers)**

Email address

## Section 4 | Purpose of authority (company)

I authorise First Super or its Administrator to release information about my super entitlements for the purposes of receiving and accessing information only.

Company

ABN

Address

Suburb

State

Postcode

Telephone (work)

Mobile

AFS license number **(Mandatory for Financial Advisers)**

Email address

## Section 5 | Member Declaration and Signature

Please read this declaration before you sign and date your form.

- I declare that the information I have provided on this form is true and correct.
- I authorise First Super to release information about my First Super accounts to the person nominated in Section 3 or 4 of this form.
- I acknowledge that:
  - this authority will remain in effect for a period of 12 months from the date I sign this form unless revoked by me on an earlier date, and
  - I can revoke my authority at any time before the end of the 12 month period by notice in writing to First Super.
- I understand that this authority will not allow the nominated person to change my personal details or carry out any transactions on my behalf.
- I acknowledge that First Super is not responsible for any loss or delay which results from First Super providing information to my nominee.
- I agree to release, discharge and indemnify First Super from and against all action, claims, demands, expenses and liabilities which I suffer or which are suffered by or brought against First Super as a result of any information released to the nominated person by First Super.
- I consent to my personal information being used in accordance with First Super's Privacy Policy.

Please sign here

Date (DD/MM/YYYY)

## Section 6 | Certified identification (mandatory)

In order for this form to take effect please ensure that you attach a certified copy of either your passport, driver licence or birth certificate.

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by including the following details on the copy:

- writing or stamping 'This is a true copy of the original'
- their qualification (e.g. Police Officer, Justice of the Peace etc)
- their name and address
- their signature and the date the copy was signed.

Please return this completed form by:

 First Super, PO Box 666, Carlton South, VIC 3053

 mail@firstsuper.com.au

Want to know more? We're here to help.

 1300 943 171

 mail@firstsuper.com.au

 firstsuper.com.au