

Third party authority form



Avoid processing delays

We make important changes to our forms at times. Check you're using the latest version by comparing the issue date at the bottom of this page with the version at unisuper.com.au/forms.

IMPORTANT INFORMATION

This form allows you to authorise us to provide information about your UniSuper accounts to the person(s) you nominate, such as:

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

By signing this form you authorise the nominated person(s) to have access to information about your UniSuper accounts for a period of **24 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 lump-sum withdrawals. Personal information such as your TFN and financial institution account details won't be released to the nominated person(s) under any circumstances.

You can cancel your authority at any time before the end of the **24 month** period by providing written notice to the Trustee. This will take effect when we receive your notice.

SECTION 1 MEMBER DETAILS

▶ Please complete in BLACK or BLUE BALL POINT PEN and print in CAPITAL LETTERS. Cross (X) where required.

Member number

Title

 Mr Mrs Ms Dr Professor Other

Surname

Given name(s)

This includes your first and middle name(s).

Date of birth (DD/MM/YYYY)

If you've changed your personal details (i.e. residential address and email address) since you last contacted us, please update your details by:

- logging in to your account at unisuper.com.au.
- completing a *Change of details form - super members* or a *Change of details form - pension members* (available from unisuper.com.au)
- give us a call on **1800 331 685**.

What number can we call you on if we have a question regarding this form?

Daytime contact number



SECTION 2 THIRD PARTY DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Professor	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>						
Given name	<input type="text"/>						
Company name (if nominated person is your accountant or financial adviser)	<input type="text"/>						
	<input type="checkbox"/> I authorise UniSuper to release information about my UniSuper accounts to any staff member of the above company.						
Daytime contact number	<input type="text"/>						
Signature of nominated person	<input type="text"/>			Date	<input type="text"/>		
					<i>DD</i>	<i>MM</i>	<i>YYYY</i>
Relationship to member (select one box)							
<input type="checkbox"/> attorney (under a Power of Attorney)				<input type="checkbox"/> the Public Trustee			
<input type="checkbox"/> accountant				<input type="checkbox"/> spouse or family member			
<input type="checkbox"/> financial adviser - AFSL* <input type="text"/>				<input type="checkbox"/> union representative			
<input type="checkbox"/> guardian				<input type="checkbox"/> other (please specify)	<input type="text"/>		

* You must provide an Australian Financial Services Licence number if you choose financial adviser.

Did you know?

You have exclusive access to expert UniSuper financial advisers who can help with managing your retirement savings.

You can get over-the-phone advice or meet with an adviser in person for a more comprehensive discussion about your finances.

Call UniSuper Advice on **1800 823 842** to find out more.

SECTION 3**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 UniSuper to release information about my UniSuper accounts to the person nominated in SECTION 2 of this form or any staff of the nominated company, if I've authorised this in SECTION 2.
- I acknowledge that:
 - this authority will remain in effect for a period of **24 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 **24 month** period by notice in writing to UniSuper.
- I understand that this authority will not allow the nominated person to change my personal details or carry out any transactions on my behalf.
- Any AFSL provided for a financial adviser must be valid. If it lapses, this third party authority will be void.
- I acknowledge that UniSuper is not responsible for any loss or delay which results from UniSuper providing information to my nominee.
- I agree to release, discharge and indemnify UniSuper from and against all action, claims, demands, expenses and liabilities which I suffer or which are suffered by or brought against UniSuper as a result of any information released to the nominated person by UniSuper.
- I consent to my personal information being used in accordance with UniSuper's Privacy Policy.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DD MM YYYY

Return your form

You can return your form and any supporting documents electronically using the *Upload a document* tool at unisuper.com.au/contact-us.

Or by post to Level 1, 385 Bourke Street,
Melbourne VIC 3000

Note: We can't accept electronic signatures on this form.

Need help?

If you need further information:

- call us on **1800 331 685**, or
- visit unisuper.com.au/contact-us for more options - including chat.

PRIVACY INFORMATION

UniSuper 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 unisuper.com.au/privacy. If you have any privacy related questions, call **1800 331 685**.