Third Party Letter of Authority



Use this form to authorise a representative to enquire on your behalf in relation to your Aware Super account/s.

Please note that your nominated authority is only valid for maximum 3 years from the date signed. Please contact our Member Support Team to confirm who you currently have recorded as a third party authority.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. If you have any questions, please contact our Member Support Team on 1300 650 873.

* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

Step 1. Tour personal details	
Indicate account/s to be authorised	
☐ Apply to all accounts ☐ Apply to my no	ominated account number only
Account number*	Member number
T-1.1	
Title	Date of birth*
	DDMMMYYYY
First name*	
Middle name	
Last name*	
Home address* (must not be a PO Box)	
Suburb*	State* Postcode*
Mobile number*	Daytime contact number

The address you supply must match the current address we hold for you. If your address has changed, please contact us to update your address before returning this form.

	Please nominate only one option
	2A: Professional, or 2B: Personal

¢	If you are nominating
Ļ	a relative, please
	complete Step 2B .

	Please note that this
J	authority is only valid
	for maximum 3 years
	from the date signed

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SIE	ρ Z. Aut	horised	paity u	ובנסונא

2A: Professional	
Company name	
AFSL/ABN*	
Name of authorised person	
Entity type Please indicate, eg lawyer, account Financial Planner Other	tant
Phone number Expiry date reque	ested Y Y Y Y

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Description | De

Please note that this authority is only valid for maximum 3 years from the date signed.

Step 3: Read our privacy information

Step 2: Authorised party details (continued)

The personal information provided on this form is collected and held by Aware Super, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts, assessing claims and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit **aware.com.au/privacy** to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

Step 4: Declaration

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

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I authorise the Fund to release information about my Aware Super account/s (including personal
 information) to the representative nominated.

I acknowledge that:

- This authority will remain in effect for 3 years, unless I've requested an earlier expiry date.
- · I can revoke my authority at any time by notifying the Fund in writing or by calling the Fund.
- I understand this authority will not allow the nominated representative/s to change my personal details or carry out any transactions on my behalf.
- I have read, understood and accept the Aware Super privacy policy.

iignature*	Date signed* (DD-MM-YYYY)
	D D M M Y Y Y



Post the form to
this address.

Step 5: Where to post your completed form

Please post the completed form to:

Aware Super GPO Box 89 MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on 1300 650 873.