

Power of Attorney declaration

Use this form if you've been appointed an attorney and you're carrying out any transaction on behalf of the member.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at firststatesuper.com.au/forms

If you have any questions, please call us on 1300 650 873.

i We require certified copies of the relevant Power of Attorney documents and an original certified copy of your proof of identify. If you haven't already provided these documents, please forward with this declaration.

1. Attorney details

Attorney 1

Type of authority appointed:

- General power of attorney/Enduring power of attorney
- Guardian/Enduring guardian
- Other (if the authority you have been appointed is not listed)

Title

Last name

Given name(s)

Attorney 2

Type of authority appointed:

- General power of attorney/Enduring power of attorney
- Guardian/Enduring guardian
- Other (if the authority you have been appointed is not listed)

Title

Last name

Given name(s)

2. Member details

Member number

Account number

Date of birth (DD-MM-YYYY)

Title

Last name

Given name(s)

3. Privacy

The personal information provided on this form is collected by and held for First State Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts 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 firststatesuper.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.



4. Instructions given under authority

We have the right to delay, or seek further information, before acting on any instructions intended to be given under this Authority. However, we are not obliged to seek further information or make any enquirers in connection with any such instructions. We may rely upon any instructions intended to be given under this Authority. We have the right to refuse to act on any instructions understood to be given under this Appointment.

5. Attorney declaration

1. My appointment under the Power of Attorney has not been amended, suspended or terminated;
2. I confirm that I am not declared bankrupt, or have any knowledge of any action to declare me bankrupt;
3. I acknowledge my appointment under the Power of Attorney document will be terminated or suspended if the member:
 - has specified an expiry date in the Power of Attorney and that date has passed;
 - informs me in writing I'm no longer authorised to act on their behalf;
 - becomes mentally incapacitated (applicable only to a General Power of Attorney); or
 - dies



Please sign and date form here.

Signature of attorney 1

Date signed (DD-MM-YYYY)

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Signature of attorney 2

Date signed (DD-MM-YYYY)

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Send the form to this address.

6. Where to send your completed form

We require **original** copies of this form. Please post the completed form to **First State Super PO Box 1229 WOLLONGONG NSW 2500**.