Authorised officer portal registration form

Please use a dark pen and CAPITAL letters, or type directly into this form online, print it and send it to us. Use (✗) to mark boxes.

If you have any questions, please call us on **1300 046 615** or email **adviser.services@aware.com.au**

Complete this form if you want to nominate an individual as an Authorised Officer, in order to be given access to the online Aware Super Adviser Portal (Adviser Portal) on behalf of your Aware Super Member clients. Currently the online Adviser Portal is only available for the following products: Personal Member, Employer Sponsored, Police Blue Ribbon Super, Ambulance officers' Super, Transition to Retirement Income Stream, Retirement Income Stream.

Once you have been notified that your registration is approved your Authorised Officer will receive access to the Adviser Portal.

1. Servicing adviser details

Adviser first name

Adviser last name

Licensee AFSL number

Aware Super adviser code

2. Add access for authorised officer

I authorise the following individual to access Aware Super Member client information via the Adviser Portal as per the above Servicing Adviser Details:

Full Name

Role

Email

Mobile number (required for 2 factor authentication)

Date of birth (DD/MM/YYYY)

3. Authorised officer proof of identity

Proof of identity

☐ I will provide electronic proof of identification for verification.
By choosing this option, I agree to Aware Super using my driver's licence, Australian passport **and/or** Medicare details and the other details on this form to verify my identity electronically using independent data sources. I understand that my information will be used to match data from government and non-government sources via the use of third party sys tems.

Please provide:

a) Your date of birth (DD-MM-YYYY)

b) And, any TWO of the following **THREE** options:

1. Full name **exactly** as it appears on my Medicare card

My Medicare number is

Valid to M M 2 0 Y Y

My reference number on this card is

Select your Medicare card colour ☐ Green ☐ Blue ☐ Yellow

2. Full name **exactly** as appears on my driver's licence

Licence number

Driver's licence card number

State of issue

3. Full name **exactly** as it appears on my Australian passport

My **Australian** passport number is

☐ I will provide certified copies of 2 original proof of identity (POI) documents. By choosing this option, You MUST supply a certified copy of your identification, by a person duly authorised to do so. If you do not, your payment will be delayed. See the *Providing proof of identity* Member fact sheet available on our website for details on what identification documents you can use.

If paper copies of my certified identification are incorrectly certified or can't be read, I authorise the use of my personal details for the purpose of electronic data verification using independent data sources. I understand that my information will be used to match data from government and non-government sources via the use of third party systems.

4. Acknowledgement and declaration

To be completed by the Authorised Officer named above

I declare that once I have been provided with Adviser Portal access, my password will be mine only, and that I am at all times solely responsible for ensuring the security of it.

I will notify Aware Super immediately in the event that I have been provided access to information that I do not believe I should have access to, or in the event that the security of my password may have been compromised.

Please sign and date form here.

Signature

Date signed (DD-MM-YYYY)

Authorised Officer's full name

5. Acknowledgement and declaration

To be completed by the Servicing Adviser

- I declare that I have read and agreed to Section 7 of the Adviser Registration Terms and Conditions.
- I acknowledge that the Authorised Officer listed above has been informed of and agrees to be bound by Section 7 of the Adviser Registration Terms and Conditions and Privacy Statement. I am responsible for ensuring that the Authorised Officer listed at section 2 of this form complies with the same obligations I owe to Aware Super in respect of the use of the Adviser Portal and the information available from the Adviser Portal.
- I will promptly advise Aware Super of any changes in the details or circumstances that will affect the provision of the Adviser Portal to me.
- I understand that I, and the Authorised Officer I have authorised to be given access to the Adviser Portal, can only access information in relation to the Aware Super Member that I, as Servicing Adviser, am authorised to access.
- I understand that by signing this form, I agree to all of the above.

Please sign and date form here.

Signature

Date signed (DD-MM-YYYY)

Servicing Adviser's full name

A party may sign this document electronically and bind itself accordingly. In addition, the intention is to print it out when so signed so that where a party prints it out, the first print-out by a party after all signatories who are signing have done so, will also be an executed original counterpart of this document. Each signatory confirms that their signature appearing in the document, including any such print-out (irrespective of which party printed it), is their personal signature.

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