

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 **Aware Super PO Box 523 WOLLONGONG NSW 2500.**