

Third party authority



Please use a dark pen and CAPITAL letters when completing this form, and use (X) to mark boxes. You can then send it to us by mail or scan and email.

You can also complete this form online. Forms are located on our website at aware.com.au/forms.

If you have any questions, please call us on 1800 620 305.

Use this form to authorise us to provide details about your Aware Super account(s) to the third party(ies) shown in Section 2 and/or 3. If you want your representative to provide us with instructions on your behalf, you will need to give them formal *power of attorney*. You should talk to a solicitor or the public trustee in your state or territory for information about appointing a *power of attorney*.

1. Your personal details

Client ID

Account number (for this third party authority)*

* Mark the box below with a cross (X) if you have more than one account and you would like this third party authority to apply to ALL your accounts

Please apply this third party authority to all my accounts

Title

Last name

Given name(s)

Address

Suburb

State

Postcode

Daytime contact number

Mobile number

Date of birth (DD-MM-YYYY)

Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as `employee_title@company.com.au`)



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.



Unless you are nominating a legal firm, you must name each representative you wish to authorise. Only these people will be able to request or receive information about your account.

2. Nominate your solicitor, accountant or other professional

I authorise the following representatives of the nominated company to request and receive information about my Aware Super account(s) nominated in Section 1.

NOTE: You are not required to list any representatives if you are nominating a legal firm to hold the third party authority. All employees of a nominated legal firm may request and receive information about your account(s).

Company

Legal firm

Yes No

Registered address

Suburb

State

Postcode

Name of representative 1

Name of representative 2

Name of representative 3

i If you wish to nominate more than the form allows, please provide the necessary details on another form or in a separate letter attached to this form.

3. Nominate your financial planner

I authorise the following representatives for the nominated company to request and receive information about my Aware Super account(s) nominated in **Section 1**.

NOTE: The mobile number and email address of each representative is required to enable two-factor authentication which will allow the information to be sent to your financial planner electronically via a secure channel.

Please mark (X) the box next to the financial planner representative who should receive the initial member information via secure email. **Please select (X) one only.**

Company

Registered address

Suburb State Postcode

Name of representative 1

Mobile number* Email*

Name of representative 2

Mobile number* Email*

Name of representative 3

Mobile number* Email*

Name of representative 4

Mobile number* Email*

Name of representative 5

Mobile number* Email*

Name of representative 6

Mobile number* Email*

* Mandatory fields

i If you wish to nominate more than two third parties, please provide the necessary details on another form or in a separate letter attached to this form.

4. Nominate another person, such as a family member or friend

I authorise the following individual(s) to request and receive information about my Aware Super account(s) nominated in **Section 1**.

Full name (representative 1)

Relationship Date of birth (DD-MM-YYYY)

Address

Suburb State Postcode

Full name (representative 2)

Relationship Date of birth (DD-MM-YYYY)

Address

Suburb State Postcode

5. Privacy

The personal information provided on this form is collected by and held for Aware Super, 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 **1800 620 305** 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.

6. Member declaration

- I confirm that the third parties nominated on this form replace any existing third party nominations and are to remain in place until I provide further information and instructions in writing.
- I have read and understand the Aware Super privacy policy.

Signature

Date signed (DD-MM-YYYY)

✍ Please sign and date form here.

✉ Send the form to this address.

7. Where to send your completed form

Mail: Aware Super, PO Box 523 WOLLONGONG NSW 2520.

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