

Appointed attorney details



Use this form to:

- tell us that you have appointed an attorney to act on your behalf; and
- provide us with your appointed attorney's details.

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 aware.com.au/forms

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

1. Your personal details

Mark (X) in the box below if you have more than one account and you would like this authority to apply to ALL your accounts.

Please apply this authority to all my accounts

Member number	Account number	Date of birth (DD-MM-YYYY)
<input type="text"/>	<input type="text" value="F S S U"/>	<input type="text"/>

Title	Last name
<input type="text"/>	<input type="text"/>

Given name(s)

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime contact number	Mobile number
<input type="text"/>	<input type="text"/>

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`)

i IMPORTANT
Each page of the POA document and POI must be certified by an authorised certifier.
A list of authorised certifiers and certification guidelines is outlined under **Certification of personal documents**.

2. What documents you need to send with this form

To process this form, we require certified copies of the following documents:

- An original certified copy of the Power of Attorney (POA) document.
- An original certified copy of Proof of Identity (POI) of the attorney(s) being appointed.
- If applicable, an original certified copy of a medical certificate confirming that you (the member) can't verbally validate the appointed attorney.

See **Notes** section for information about providing proof of identity and certified copies.

NOTE: If any attorney(s) has been appointed jointly, these documents must be provided for EACH attorney.

The guidelines for a POA may be different depending on the state, territory or country in which the POA is drafted and executed. It is your responsibility to ensure that your POA complies with the relevant laws that apply in the state, territory or country in which the POA was drafted and executed.



4. Tell us who you want your correspondence to be sent to

Pick ONE option below:

Myself Attorney 1 Attorney 2

5. Privacy

The personal information provided on this form is collected by and held for Aware 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 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 appointed attorney(s) on this form are to remain in place until I provide further information and instructions in writing unless their appointment is otherwise invalidated.

Member's signature

Date signed (DD-MM-YYYY)

--

Member to sign and date form here.

Name (print in CAPITAL letters)

7. Appointed attorney(s) declaration

I/we declare that:

- I am/we are the attorney(s) identified in the power of attorney.
- I am/we are authorised by the power of attorney to operate the Aware Super account(s) held by the member on their behalf.
- I am/we are over the age of 18 and willing and able to act as attorney on behalf of the member.
- I/we have not received notice of revocation of the power of attorney at the time of signing this form.
- I/we undertake to advise Aware Super in writing immediately upon receiving notice of any amendments, limitations or cancellation affecting the power of attorney.
- I/we have read and understand the Aware Super privacy policy.

Attorney 1

Print full name (use CAPITAL letters)



Attorney(s) to sign and date form here.

Signature

Date signed (DD-MM-YYYY)

--

Attorney 2

Print full name (use CAPITAL letters)

Signature

Date signed (DD-MM-YYYY)

--

Send the form to this address.

8. Where to send your completed form

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

This page has been left blank deliberately.

Proof of identity

Acceptable documents and certification

Providing certified proof of your identity is a three-step process

1 Collect your originals

Collect your proof of identity document(s). We have listed the documents you can use below.

2 Photocopy your originals

3 Have your copies certified

Take your copies and your original documents to a person who can certify documents. A list of authorised certifiers and certification guidelines is included under **Certification of personal documents**.

You can provide:

Either:

A certified copy of one of the following documents:

- A current Australian state/territory driver's licence containing your photograph
- An Australian passport
- A current Australian state/territory proof of age card containing your photograph
- A current passport, similar travel document or national identity card issued by a foreign government department, the UN or an agency of the UN, containing your photograph and either your signature or a unique identifier*

Or:

One certified document from this list:

- An Australian birth certificate or extract issued by a state or territory
- A citizenship certificate issued by the Commonwealth
- A current Centrelink pension card that entitles you to receive financial benefits

AND One certified document from this list:

- A notice issued by the ATO within the last 12 months that shows your name and current residential address and records an amount payable to or by you e.g. your last tax assessment
- A notice issued by a local council or utilities provider in the last three months showing the provision of services to you and your current residential address e.g. rates notice, electricity or water bill
- A notice issued by the Commonwealth or a state or territory government within the last 12 months showing your name and current residential address and the provision of financial benefits to you e.g. Centrelink letter

* If the document and/or the certification is not written in English, it must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI). If you are unable to provide these documents, please call us to discuss alternatives.

Certification of personal documents

All copied pages of original personal documents (including any change of name documents) must be certified as true copies by an authorised person with the appropriate qualifications or registration (see below) who cannot be the owner or addressee of the document. The authorised person must sight the original and the copy to ensure the documents are identical, then certify each page by writing "I certify that this document is a true copy of the original", followed by their signature, printed name, address, qualification (e.g. justice of the peace, Australia Post employee), registration number (if applicable) and date.

If you are in Australia

The following lists a subset of people who are authorised to witness your signature on a statutory declaration as well as certify copies of original documents. For a complete list of authorised witnesses/certifiers, go to the Attorney-General's Department website at www.ag.gov.au.

- Australia Post employee in charge of an office providing postal services (charges may apply)
- chiropractor
- dentist
- Financial adviser or financial planner
- full-time or part-time teacher employed at a school or tertiary institution
- justice of the peace
- legal practitioner
- magistrate
- medical practitioner
- nurse
- optometrist
- pharmacist
- physiotherapist
- police officer
- psychologist
- veterinary surgeon

If you are outside Australia

The following people can certify copies of the originals:

- consular staff at an Australia Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under If you are in Australia can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.

i Samantha Sample has provided a copy of her identification that includes her **signature, full name, date of birth and current residential address.**

✓ The authorised person has sighted the original identification and confirmed that the copy is a true copy.

✓ Details for the authorised person to include are full name, address, qualification, registration number (if applicable), date and signature.

Driver Licence

Samantha SAMPLE Card Number
2 123 456 789

123 ANY ST
SUBURB NSW 2000

License No. 12345678 Donor A
License Class C Conditions S

Signature Date of Birth
01 JAN 1980 Expiry
01 JAN 2022

"I certify that this document is a true copy of the original."

K Anderson

Name: Kate Anderson
Address: 6 Some St, Suburb NSW 2000
Qualification: JP
Registration no: 123456
Date: 31 March 2020