Third party authority form



Save time, go online!

You can now complete this form online. Simply log in to your online account at **unisuper.com.au** and navigate to the Manage Account page.

IMPORTANT INFORMATION

This form allows you to authorise us to provide information about your UniSuper account to the person(s) you nominate, such as:

- your accountant
- · your financial adviser
- your guardian
- your spouse or a family member
- · your union representative, or
- the Public Trustee.

By signing this form you authorise the nominated person(s) to have access to information about your UniSuper account for a period of **24 months** from the date this form is signed. The authority won't take effect until we've received your completed form.

The nominated person(s) won't be authorised to change your personal contact details, give any instructions or make any transactions on your behalf, including switching investment options, making contributions, requesting a rollover or making lump-sum withdrawals. Personal information such as your TFN and financial institution account details won't be released to the nominated person(s) under any circumstances.

You can cancel your authority at any time before the end of the **24 month** period by providing written notice to the Trustee. This will take effect when we process your notice. Your request will take one to three business days to be to be processed, and the cancellation will only take effect from the date it's been processed.

SECTION 1	MEMBER DETAILS								
> Please comp	olete in BLACK or BLUE	BALL POINT	PEN and p	rint in CAP	TAL LETT	ΓERS. Cross (X) w	here required.		
Member numb	er								
Title		Mr	Mrs	Ms	Dr	Professor	Other		
Surname									
Given name(s)									
This includes your first name and middle name(s).									
Date of birth (I	DD/MM/YYYY)								
details by: logging in tocompleting	yed your personal details by your account at unisup a Change of details form- ll on 1800 331 685.	er.com.au.					ntacted us, please update your		
What number can we call you on if we have a question regarding this form?									
Daytime conta	ct number								

UNISF00217 0325



SECTION 2	THIRD PARTY DETAI	LS											
Title		M	lr	Mrs		Ms	Dr	F	Professor	Other			
Surname													
Given name													
Company or bu (if nominated p accountant or fi													
	I authorise UniSuper to release information about my UniSuper account to any												
		representative of the nominated company or business.											
Daytime conta													
Email address													
		lf you p	orovide	an ema	il add	lress, we'	l send	a cor	nfirmation to th	e nomin	ated third party.		
Signature of nominated person						Date							
						DD	МΛ	Л	YYYY				
Relationship to member (select one box													
accountar	accountant					spouse or family member							
financial adviser - AFSL*				union representative									
guardian				other (please specify)									
the Public Trustee													
* You must provide an Australian Financial Services Licence (AFSL) number if you choose financial adviser.													

Did you know

You have exclusive access to expert UniSuper financial advisers who can help with managing your retirement savings.

You can get over-the-phone advice or meet with an adviser in person for a more comprehensive discussion about your finances.

Call UniSuper Advice on **1800 823 842** or head to **unisuper.com.au/advice** to find out more.

SECTION 3 MEMBER DECLARATION AND SIGNATURE

- > Please read this declaration before you sign and date your form.
- I declare that the information I have provided on this form is true and correct.
- I authorise UniSuper to release information about my UniSuper account to the person nominated in SECTION 2 of this form and to any representative of the nominated company or business, if I've authorised this in SECTION 2.
- I acknowledge that:
 - this authority will remain in effect for a period of 24 months from the date I sign this form unless revoked by me on an earlier date, and
 - I can revoke my authority at any time before the end of the 24 month period by providing notice in writing to UniSuper.
- I understand that this authority will not allow the nominated person to change my personal details or carry out any transactions on my behalf.
- UniSuper can cancel this authority for any reason, including when UniSuper is notified that an AFSL for the relevant financial adviser or their business is suspended or cancelled.
- I acknowledge that UniSuper is not responsible for any loss or delay which results from UniSuper providing information to my nominee.
- I agree to release, discharge and indemnify UniSuper from and against all action, claims, demands, expenses and liabilities which I suffer or which are suffered by or brought against UniSuper as a result of any information released to the nominated person by UniSuper.
- I consent to my personal information being used in accordance with UniSuper's Privacy Policy.

Signature	Date	Date				
	DD		ММ	YYYY		

Return your form

You can return your form and any supporting documents electronically using the *Upload a document* tool at **unisuper.com.au/contact-us**, or by post to Level 1, 385 Bourke Street, Melbourne VIC 3000.

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, call 1800 331 685.

Need help?

If you need further information:

- call us on 1800 331 685, or
- visit unisuper.com.au/contact-us for more options including chat.