

THIRD PARTY AUTHORISATION FORM

Complete this form to allow a third party (other than a financial advisor) to request information in relation to your Simple Choice Super account on your behalf.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super PO Box R1979, Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

IMPORTANT: If you have a Financial Advisor and you would like them to have access to your account details (and if you wish to make an advisor service fee payment to your Financial Advisor) please complete the separate **Advisor Authority Form** available from www.simplechoicesuper.com.au.

Section 1 Personal Details

Given Name(s)	<input type="text"/>			
Surname	<input type="text"/>			
Member Number	<input type="text"/>			
Date of Birth	<input type="text"/>			
Mobile Phone Number	<input type="text"/>			
Email Address*	<input type="text"/>			
Residential Address	<input type="text"/>			
	<input type="text"/>			
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	<input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.



Section 2 Third Party Details

Please provide details of your nominated third party:

Relationship to you (please select one only):

Relative

Please specify relationship

Power of Attorney (please attach a certified copy of a signed Power of Attorney)

Legal Representative

Given Name(s)

Surname

Mobile Phone Number

Email Address

Residential Address

City

State

Postcode

Section 3 Access to Account

I consent to the Third Party named on this form being able to request information in relation to my Simple Choice Super account on my behalf.

Once we receive the completed form, we will provide the named third party with information (oral, written or electronic) in relation to your Simple Choice Super account as if the request was made by you. At any time if you do not wish the named third party to be able to access information in relation to your Simple Choice Super account, you should notify us immediately on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

The named third party will not be authorised to change your personal contact details, give any instructions or carry out any transactions on your behalf, including switching investment options, making contributions, requesting a rollover or making lump sum withdrawals. Personal information such as your tax file number and bank account details will not be released to the named third party under any circumstances.

Section 4 Declaration and Signature

By completing this form, I declare that:

- All of the details I have provided are true and correct.
- I have read and understood the Simple Choice Super PDS and all related documents applicable to this Form.
- I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.
- I agree to release, discharge and indemnify Simple Choice Super and the Trustee from and against all actions, claims, demands, expenses and liabilities (however they arise) suffered by myself or suffered by or brought against Simple Choice Super or the Trustee, in respect of the information given by Simple Choice Super to the nominated third party.



x

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Signature

...../...../.....

Date

.....

Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone 02 8556 7576 or email us at info@simplechoicesuper.com.au.