



Third party information authority form

For Super and Pension members

Important: If you make any amendments or corrections on the form due to an error, please acknowledge the changes by putting your initials and date on where the changes have occurred, otherwise the application will he invalid.

Please use BLOCK LETTERS and black ink.

If you've changed your personal details (i.e. residential address and email address) since you last contacted us, please update your details by accessing the member portal or call us.

Send your completed form to:

Australian Ethical Super, GPO Box 3117 Brisbane QLD 4001

Or login to the member portal at australianethical.com.au/login and upload your completed form under the 'We're here to help' section.

Information authority

Complete this form to allow a third party to request information in relation to your Australian Ethical Super accounts on your behalf. The authorisation is not effective until we receive this completed form, and will remain effective until you revoke or change your authority.

The nominated person will not be authorised to change your personal contact details, give any instructions or carry out transactions on your behalf, including (but not limited to) 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 nominated person under any circumstances.

Declaration: I understand once Australian Ethical receives the completed form, they will provide my nominee (indicated in Step 2), with information (oral, written or electronic) in relation to my Australian Ethical Super account as if the request was made by me.

Step 1: Personal details			
Account number		Date of birth (DD/MM/YYYY)	
Full given name(s)		Surname	
Phone Number		Email	
Address			
Suburb	State	Postcode	Country



Step 2: Third party authority - Nominee details	3			
Full given name(s)	Surname			
Email				
Phone Number	Company name (if nominated person is your accountant)			
Address				
Suburb State	Postcode Country			
Step 3: Relationship to member				
Attorney (under a Power of Attorney)				
☐ Accountant				
☐ Guardian				
☐ The Public Trustee				
☐ Spouse or family member				
Union representative				
Other (please specify)				

Step 4: Authorisation and declaration

- I declare that the information I have provided on this form is true and correct.
- I understand that Australian Ethical may provide my personal information and information relating to my Australian Ethical Super account to the nominee on this form when requested by the nominee.
- I understand that this access authority applies to all existing Australian Ethical Superannuation and/or Pension accounts under my name.
- I understand the nominated person will not be authorised to change my personal contact details, give any instructions or carry out any transactions on my behalf, including switching investment options, making contributions, requesting a rollover or making lump sum withdrawals. Personal information such as my tax file number and bank account details will not be released to the nominated person under any circumstances.
- · I understand that this nomination will remain in effect until I provide notice to change or revoke the authority.
- I agree to give Australian Ethical notice if I wish to change or revoke this authority. I agree that Australian Ethical is not responsible or liable for any loss or delay which results from Australian Ethical providing information to my nominee.
- I understand once Australian Ethical receives the completed form, they will provide my nominee (indicated in Step 2), with information (oral, written or electronic) in relation to my Australian Ethical Super account as if the request was made by me.
- I agree to release, discharge and indemnify Australian Ethical from and against all actions, claims, demands, expenses and liabilities (however they arise) suffered by myself or suffered by or brought against Australian Ethical, in respect of the information given by Australian Ethical to my nominee.

Step 4: Authorisation and declaration

Privacy collection notice

Personal information is collected by and held for Australian Ethical by its administrator in accordance with the Privacy Act 1988 (Cth), for the purpose of administering accounts, providing services associated with those accounts and may be used for marketing and research purposes. Without this information we would not be able to provide our services to you. You can opt out of receiving marketing material at any time by calling us or notifying us by email. Your personal information may be disclosed to third party service providers (some of which may be located overseas) or otherwise as permitted by law. For further information about how personal information is handled, our complete privacy policy can be viewed at australianethical.com.au/privacy-policy (a hard copy of the policy can be provided on request).

Member signature

I have read, understood and agree to the above declaration.

Please note if you are using an electronic signature, this must be signed using OneSpan, DocuSign, Annature or Adobe Acrobat Sign, and the forms will need to be accompanied by a time-stamped certificate.

Signature

Member's full name (please print)

Date form signed (DD/MM/YYYY)

? If you have any questions, please contact Australian Ethical Super on 1800 021 227.

Australian Ethical Superannuation Pty Ltd (ABN 43 079 259 733, RSE L0001441, AFSL 526 055), Trustee of the Australian Ethical Retail Superannuation Fund (ABN 49 633 667 743, USI/SPIN AET0100AU)

 ${\bf T}$ 1800 021 227 | ${\bf W}$ australianethical.com.au