

Third Party Authority Form

Superannuation and Pension Services



Please complete this form in **BLOCK LETTERS** using **BLACK** or **BLUE** pen only.

This form allows you to authorise the Trustee to provide information about your account to your nominated authority.

Member number

Section 1 – Member Details

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (<i>not PO Box</i>) – MUST BE COMPLETED		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address – if the same as residential please write SAME AS ABOVE		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Email address (home preferred)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone (<i>available during business hours</i>) – MUST BE COMPLETED		
<input type="text"/>		

Section 2 – Nominated Authority for an individual

Complete this section if you are nominating an individual		
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company name (<i>if nominated person is your accountant or financial adviser</i>)		
<input type="text"/>		
Postal address – (<i>postal correspondence to the nominated authority will only be sent to this address</i>) – MUST BE COMPLETED		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Email address (<i>email correspondence to the nominated authority can only be sent to this address</i>)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Contact telephone (<i>available during business hours</i>) – MUST BE COMPLETED	Relationship to member – MUST BE COMPLETED	
<input type="text"/>	<input type="text"/>	

Section 3 – Nominated Authority for a company

Complete this section if you are nominating a company

Company name

ABN

Postal address

Suburb

State

Postcode

Contact telephone (available during business hours) – MUST BE COMPLETED

Relationship to member – MUST BE COMPLETED

Section 4 – Member Declaration and Signature

By signing below you are confirming that you have read and agree with the following declaration:

- I authorise the Trustee to release information about my Freedom of Choice account to the person/company (nominee) nominated in Section 2 and/or 3 of this form.
- I acknowledge that :
 - my nominee(s) will only be able to request and obtain relevant information about my account on my behalf;
 - my nominee(s) will not be authorised to change my personal contact details, give and instructions or carry out any transactions on my behalf, including switching investment options, making contributions, requesting a rollover or making lump sum withdrawals and that personal information such as my tax file number and financial institution account details will not be released to my nominee(s) under any circumstances;
 - this authority will not take effect until the Trustee has received this completed form;
 - this authority will remain in effect for a period of 12 months from the date I sign this form unless revoked by me on an earlier date;
 - I can revoke my authority at any time before the end of the 12 month period by notice in writing to the Trustee and that revocation will take effect when the Trustee receives my written notice.
- I acknowledge that the Trustee is not responsible for any loss or delay which results from providing information to my nominee.
- I agree to release, discharge and indemnify the Trustee from and against all action, claims, demands, expenses and liabilities which I suffer or which are suffered by or brought against the Trustee in respect of any information released to the nominated person by the Trustee.
- I consent to the use and disclosure of personal information about me that I have provided to the Trustee (part of the EQT Holdings Limited Group (EQT Group)) for the purposes explained in the section of the Product Disclosure Statement (PDS) on Privacy.
- I acknowledge that the PDS includes information about how and where I can obtain a copy of the EQT Group Privacy Statement.
- I declare that the information I have provided on this form is true and correct, and should these details change, I shall promptly advise the EQT Group of the change(s).

Signature

Date

 / /

Privacy

The Trustee is seeking to collect personal information from you so that it can administer your Freedom of Choice account on an ongoing basis. The personal information we are seeking to collect from you is your name, address, date of birth, contact details and your nominated authority.

We need to collect the requested personal information from you for us to complete your request. If you do not provide this information, we will be unable to complete your request.

The Trustee's Privacy Statement is available on our website at freedomofchoice.com.au and includes information on, for example what personal information the EQT Group collects and how you can make a complaint about a breach of your privacy. We usually disclose your personal information to mail houses, our insurer TAL Life Limited and the Australian Taxation Office. You can access the TAL Life Limited privacy policy at tal.com.au.