

# Third Party Authority Form

## Portfolio Service



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

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

Account number

### Section 1 – Current Investor Details

Investor name(s) or Company/Trustee name <i>(if applicable)</i>		
<input type="text"/>		
Postal address <i>all account correspondence will be sent to this address</i>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth <i>(if applicable)</i>	Email address	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Contact telephone	Contact mobile	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section 2 – Nominated Authority for an individual

<b>Complete this section if you are nominating an individual</b>		
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> – <b>MUST BE COMPLETED</b>		
<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> – <b>MUST BE COMPLETED</b>	Relationship to investor – <b>MUST BE COMPLETED</b>	
<input type="text"/>	<input type="text"/>	

### Section 3 – Nominated Authority for a company

<b>Complete this section if you are nominating a company</b>		
Company name		
<input type="text"/>		
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone <i>(available during business hours)</i> – <b>MUST BE COMPLETED</b>	Relationship to investor – <b>MUST BE COMPLETED</b>	
<input type="text"/>	<input type="text"/>	

## Section 4 – Investor Declaration and Signature

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

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

Signature

Capacity

Date

 /  / 

Signature

Capacity

Date

 /  / 

Company Seal

## Privacy

The Operator is seeking to collect personal information 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(s), address(es), date(s) of birth, contact details and your nominated authority.

We need to collect the requested personal information for us to complete your request. If this information is not provided, we will be unable to complete your request.

The Operator's Privacy Statement is available on our website at [freedomofchoice.com.au](http://freedomofchoice.com.au) and includes information on, for example what personal information Acclaim Management Group Limited collects and how you can make a complaint about a breach of your privacy. We usually disclose personal information to mail houses and the Australian Taxation Office.