

## **Authority to access information**

**Important Note:** Please provide us with as much information as possible. Please tick box where appropriate.

Use **BLOCK** letters and **BLACK INK** when completing this form and ensure it is signed and dated. \*DENOTES MANDATORY FIELD.

Return this completed form with certified identification by email to:

mail@legalsuper.com.au

1. legalsuper member personal details	2. Details of who you are authorising to
legalsuper Membership Number	access your information  Please provide the details of who you are authorising to access your
Mr Mrs Ms Miss Dr Justice	information. Alternative contacts can be listed in Section 3 if required.  Adviser Name*
Surname*	
	ASIC Financial Adviser Register Number
Given Name(s)*	
	Licensee*
Date of birth (dd/mm/yyyy)* Gender	Trading name
Male Female	
Residential Address*	
	Company ABN*
Town or Suburb*	AFSL Number*
State* Postcode*	Street Address/PO Box*
State	Street Address/10 Box
Postal Address* (if different from Residential Address above)	
	Town or Suburb*
Town or Suburb*	State* Postcode*
State* Postcode*	Daytime Telephone Number*
Email	Email*
Telephone Number	Information/documentation authorised to release:
	My legalsuper account number(s) as follows:
Mobile Number	

## **□**legalsuper

## 3. Alternative contacts authorised to access 5. Authorisation I authorise the listed person(s) to be provided with information and/or **your information** (complete if required) documentation they request about my legalsuper account(s) as Please list any alternative contacts below: specified on this form. Surname This authorisation can include the listed person(s) receiving information about my legalsuper account(s) over the telephone or electronically by logging into legalsuper's Adviser Online. Given Name(s) Forms dated more than one month ago cannot be accepted. Member to sign here\* Surname Given Name(s) Date (dd/mm/yyyy) Please sign and return this form with certified identification of the legal super member by email to: mail@legalsuper.com.au Given Name(s) We are committed to respecting the privacy of personal information you give us. If you would like a copy of legalsuper's Privacy Policy, visit legalsuper.com.au/privacy or call 1800 060 312. Surname Important information – certified ID required For this Authority to be valid, you are required to fill out all mandatory fields on this form. Given Name(s) We must receive this form within one month of it being signed. Confirming your identity You will need to submit one or two forms of acceptable proof of identity with this Authority to access information form. You must Surname\* provide certified copies of your original documents. Given Name(s) ONE OF THE FOLLOWING DOCUMENTS ONLY: a. driver's licence issued under State or Territory law; or b. passport. OR ONE OF THE FOLLOWING: a. birth certificate or birth extract; or Surname b. citizenship certificate issued by the Commonwealth; or c. pension card issued by Centrelink that entitles the person to financial benefits: Given Name(s)\* AND ONE OF THE FOLLOWING: d. letter from Centrelink regarding a Government assistance payment: or e. notice issued by Commonwealth. State or Territory Government or local council within the past twelve months that contains your name and residential address; or 4. Term of authority to access your information f. a bank statement or utility notice with your current mailing This Authority will remain valid for a period of two years unless it is otherwise revoked or an expiry date is provided. A certified document means a document that has been certified as a 'true copy' of an original document by one of the following: Please tick below to confirm the term of authority you are authorising a third party to access your legalsuper account(s) information. Barrister or solicitor Branch manager of a bank I wish for this Authority to remain in place for two years (default). Councillor of a municipality Financial planner Justice of the Peace Medical, dental or veterinary practitioner I wish for this Authority to expire earlier than the default, on the Minister of religion date provided below: Pharmacist Police officer Expiry Date (dd/mm/yyyy) Qualified accountant The certification should be dated and include the full name, address and type of profession (from the above list) of the person certifying.

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Although they may be qualifying members of the legal profession, members (as well as their family members) cannot certify their

own ID.