

Third Party Letter of Authority

* Indicates that providing this information is mandatory.

Information regarding this consent form

Use this form to authorise a representative to enquire on your behalf in relation to your VicSuper account/s.

When completing this form, please ensure you use all capital letters eg and check boxes with a cross eg

Step 1: Personal details

First name	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Previous address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Date of birth	<input type="text"/>
Member number/s	<input type="text"/>
Indicate account/s to be authorised	All accounts <input type="checkbox"/>

Step 2: Authorised party details (Professional)

If you are nominating a relative, please complete Step 2 over the page.

Company name	<input type="text"/>
AFSL*	<input type="text"/>
Name of authorised person	<input type="text"/>
or	<input type="checkbox"/>
any staff member of authorised company	
Entity type	Financial planner <input type="checkbox"/> Other <input type="text"/>
Phone number	<input type="text"/>
Expiry date requested	<input type="text"/>

Please indicate, e.g. lawyer, accountant

Step 2: Continued
Authorised party details (Personal)

Name of authorised person

Please indicate relationship to you e.g. Spouse, family member

Phone number

Expiry date requested

Step 3:
Authorisation, sign this form

Please read this declaration before you sign and date your form.
By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I authorise the Fund to release information about my VicSuper account/s to the representative nominated in Step 2 of this form or any staff of the nominated company, if I've authorised this in Step 2.

I acknowledge that:

- This authority will remain in effect indefinitely, unless I've requested an expiry date in Step 2.
- I can revoke my authority at any time by notifying the Fund in writing.
- I understand this authority will not allow the nominated representative/s to change my personal details or carry out any transactions on my behalf.

Name*

Signature* Date*

Step 4:
Send your form to the Fund

Send your completed form to: **VicSuper, GPO Box 89 Melbourne Vic 3001**
or email form to: **loa@vicsuper.com.au**

Advisor Assist Team
Our dedicated Advisor Assist team can provide you with assistance on VicSuper products and member information. We're here to support you. Contact us on **1300 585 815**.

This is general information only and does not take into account your specific objectives, financial situation or needs. We recommend you seek professional advice for your own circumstances. Contact us to make an appointment to see one of our representatives. When members receive advice, they receive it under our financial planning business' own AFS licence. Our financial planning business is wholly owned by FSS Trustee Corporation as trustee of the fund. You should read their Financial Services Guide before making a decision. For more information call the Member Centre on 1300 366 216. Issued by FSS Trustee Corporation ABN 11 118 202 672, AFSL 293340, the trustee of the First State Superannuation Scheme ABN 53 226 460 365

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