AUTHORITY TO ACCESS INFORMATION



Use this form to give permission for a spouse, family member, financial adviser, accountant or other third party to access your information and documentation.

Before you start...

Fill this form out in BLOCK letters using a black or blue pen. Write 'X' to mark boxes.

- If you make a mistake when filling out the form, cross it out and initial the change.
- This authority doesn't allow anyone access to your online account. This information can only be provided to you.
- This authority will be valid for two years from the date you sign this form. After this, you'll need to complete a new authority.
- This authority won't be valid after you pass away.
- For your authority to be valid, make sure you complete the form in full, including signing the form in Section 5 and attaching a clear copy of your photo ID so we can verify your signature.

1. Your personal details Mr Ms Mrs Miss Dr Other Male Female Member number Full name Date of birth (DD-MM-YYYY)				
Residential address				
Suburb State Postcode Email				
By ticking this box, I give authority for the persons specified on this form to access any information and documentation held by any institution on my behalf including super, pension, investments, insurances, medical information or other financial information and authorise any such institution to release such information and documentation to those persons. Please indicate whether you wish to restrict the authorised person from accessing any particular information:				
3. Authority for spouse, family member or other dependant				
I authorise that all information and documentation relating to my selection above can be released upon request, to: Full name				
Date of birth for authorised person (DD-MM-YYYY) Relationship to you Password for authorised person/spouse to quote when retrieving information (for security reasons)				
For additional personal authorisations you must complete another Authority to release information form.				

Turn over to finish filling out this form...

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Team Super Pty Ltd (the Trustee) | ABN 70 003 566 989 | AFS licence 246864

4a. Authority for financial adviser, accountant or other third party				
Please fill out all sections that apply to your authorisation. I authorise that all information and documentation relating to my selection above can be released upon request, to:				
Full name				
Representative of / Company name				
Address				
Address				
Email		Phone number (for authorised person)		
ABN			Australian Financial Services (AFS) Licence number	
		—		
Credit licence number		lax practitioners	board registration number	
To authorise information and documentation to be released to additional people at the company listed above, please write their details in Section 4b.				
4b. Authority to release information inc	cludes the following addi	tional people		
NOTE: Additional authorisations are only valid for individuals associated with the information listed in Section 4a. I authorise that all information and documentation relating to my selection in Section 2 can also be released, upon request, to:				
Full name	ntation relating to my select Email	tion in Section 2 can a	Role	
Full name	Email		Role	
Full name	Email		Role	
Full name	Email		Role	
T dil Harrie	Email		Note	
Full name	Email		Role	
If you require further authorisations, please include their details on an additional sheet and submit with this form. Please note: this must be signed and dated by you (the member) to be accepted.				
5. Your declaration				
Please attach a copy of your photo ID (driver licence, passport, proof of age card).				
Your signature Date (DD-MM-YYYY)				
Information provided to advisers should only be used for preparing financial planning services for you. Your information is handled in line with Australian Privacy Principles under the Privacy Act 1988. To find out more about the use and disclosure of your personal information visit teamsuper.com/your-privacy				
		Post Team Super		
When complete return this forn	n to us by:		2020 Newcastle NSW 2300	
		Email help@admin.	teamsuper.com	

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