

# Third Party Authorisation

Please call us on **1300 362 415** if you require any assistance.

**Please complete this form using CAPITAL LETTERS, using a black pen. Check you have signed and dated the form.**

## Important information

This form allows you to authorise MTAA Super to provide information about your MTAA Super account to the person you nominate, such as:

- your attorney (under a Power of Attorney)
- your accountant
- your financial adviser
- your guardian, or
- the Public Trustee

By signing this form you authorise the nominated person to have access to information about your MTAA Super account

for a period of 12 months from the date this form is signed. The authority will not take effect until MTAA Super has received your completed form.

The nominated person will not be authorised to change your personal contact details, give any instructions or carry out any transactions on your behalf, including switching investment options, making contributions, requesting a rollover or making lump sum withdrawals. Personal information such as your tax file number and financial institution account details will not be released to the nominated person under any circumstances.

You can revoke your authority at any time before the end of the 12 month period by notice in writing to the Trustee. The revocation will take effect when MTAA Super receives your written notice.

If you need further information call MTAA Super on **1300 362 415** or visit our website at **mtaasuper.com.au**

### Section A

#### Your member details

MTAA Super member number

Title

Miss  Ms  Mrs  Mr  Other (please specify):

Given name/s

Family name

Date of birth

### Section B

#### Contact details

Street address

Suburb

State

Postcode

Country (if applicable)

Telephone (business hours)

Mobile

Email

Section C

Authorisation –  
Nominated person

The authorisation applies to my:

Super account  Pension account  All accounts

Given name/s

Family name

Business name

and staff of (if applicable)

Street address

Suburb

State

Postcode

Country (if applicable)

Telephone (business hours)

Mobile

Email

Relationship to member (select one box)

attorney (under a Power of Attorney)

accountant

financial adviser

guardian

the Public Trustee

other (please specify):

Signed by the nominated person

Signature

Date

Section D

# Member declaration

**Please read this declaration before you sign and date your form**

- I declare that the information I have provided on this form is true and correct.
- I authorise MTAA Super to release information about my MTAA Super account to the person nominated in Section C of this form.
- I acknowledge that:
  - 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, and
  - I can revoke my authority at any time before the end of the 12 month period by notice in writing to MTAA Super.
- I understand that this authority will not allow the nominated person to change my personal details or carry out any transactions on my behalf.
- I acknowledge that MTAA Super is not responsible for any loss or delay which results from MTAA Super providing information to my nominee.
- I agree to release, discharge and indemnify MTAA Super from and against all action, claims, demands, expenses and liabilities which I suffer or which are suffered by or brought against MTAA Super in respect of any information released to the nominated person by MTAA Super.
- I consent to my personal information being used in accordance with MTAA Super's *Privacy Policy*.
- I acknowledge having read and understood the Privacy Statement in the Member Product Disclosure Statement and the *Privacy Policy* available at **mtaasuper.com.au/privacy** or otherwise provided, and consent to personal information being collected and used in accordance with these terms.

**Signature**

Date