

Request for Adviser access to legalsuper Guaranteed Income quotation platform

Email this completed form to:
mail@legalsuper.com.au

Planner and/or representative

First name											Surname													
Email address																Phone								
is an Authorised Representative of:																								
Company Name																								
ABN					ASIC Registration Number										AFSL									
Registered Address																								
Suburb										State					Post Code									

Request to grant the person above with access to the legalsuper Guaranteed Income Account Adviser portal for the purpose of providing the (below member) with quotations.

Member

Member's first name											Surname													
Date of birth (dd/mm/yyyy)						Member number																		
of Address																								
Town or Suburb										State					Post Code									

Planner or Authorised representative

Signature											Date					
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IMPORTANT: This authority is valid for use until otherwise advised or expires.

Terms and Conditions

1. Agree to abide by the terms and conditions of the legalsuper Guaranteed Income portal
2. Declare that the information in this form is correct
3. Acknowledge that legalsuper Guaranteed Income accounts are only available to legalsuper members