

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

legalsuper Membership Number

Mr Mrs Ms Miss Dr Justice

Surname*

Given Name(s)*

Date of birth (dd/mm/yyyy)*

Gender

Male Female

Residential Address*

Town or Suburb*

State*

Postcode*

Postal Address* (if different from Residential Address above)

Town or Suburb*

State*

Postcode*

Email

Telephone Number

Mobile Number

2. Details of who you are authorising to access your information

Please provide the details of who you are authorising to access your information. Alternative contacts can be listed in Section 3 if required.

Adviser Name*

ASIC Financial Adviser Register Number

Licensee*

Trading name

Company ABN*

AFSL Number*

Street Address/PO Box*

Town or Suburb*

State*

Postcode*

Daytime Telephone Number*

Email*

Information/documentation authorised to release:*

My legalsuper account number(s) as follows:

3. Alternative contacts authorised to access your information (complete if required)

Please list any alternative contacts below:

Surname*																			
Given Name(s)*																			
Surname*																			
Given Name(s)*																			
Surname*																			
Given Name(s)*																			
Surname*																			
Given Name(s)*																			
Surname*																			
Given Name(s)*																			
Surname*																			
Given Name(s)*																			

4. Term of authority to access your information

This Authority will remain valid for a period of two years unless it is otherwise revoked or an expiry date is provided.

Please tick below to confirm the term of authority you are authorising a third party to access your legalsuper account(s) information.

I wish for this Authority to remain in place for two years (default).

OR

I wish for this Authority to expire earlier than the default, on the date provided below:

Expiry Date (dd/mm/yyyy)

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5. Authorisation

I authorise the listed person(s) to be provided with information and/or documentation they request about my legalsuper account(s) as specified on this form.

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.

Please note:
Forms dated more than one month ago cannot be accepted.

Member to sign here*

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Date (dd/mm/yyyy)*

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Please sign and return this form with certified identification of the legalsuper member by email to: mail@legalsuper.com.au

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.

Important information – certified ID required

For this Authority to be valid, you are required to fill out all mandatory fields on this form.

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 provide certified copies of your original documents.

legalsuper will accept:

- 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
 - b. citizenship certificate issued by the Commonwealth; or
 - c. pension card issued by Centrelink that entitles the person to financial benefits;
- 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
 - f. a bank statement or utility notice with your current mailing address.

A certified document means a document that has been certified as a 'true copy' of an original document by one of the following:

- Barrister or solicitor
- Branch manager of a bank
- Councillor of a municipality
- Financial planner
- Justice of the Peace
- Medical, dental or veterinary practitioner
- Minister of religion
- Pharmacist
- Police officer
- Qualified accountant
- Teacher

The certification should be dated and include the full name, address and type of profession (from the above list) of the person certifying.

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