

Third Party Authority (Financial Adviser)



FIRST
super



IMPORTANT INFORMATION

Use this form if you wish to give a third party the right to access your super entitlement information or act on your behalf. Your authorisation will be valid for **12 months**. You can revoke this by advising First Super in writing. Alternatively, you can supply us with another form and your authorisation details will be updated.

Please use **CAPITAL LETTERS** and a black or blue pen.

Section 1 – Member details

Title	Member number	
<input type="text"/>	<input type="text"/>	
Surname (Family name)		
<input type="text"/>		
Given name(s)		
<input type="text"/>		
Residential address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

Please update my details.

Section 2 – Nominate your representative

I authorise First Super or its Administrator to release information about my super entitlements to my:

Individual Financial Adviser **(complete section 3)** Financial Adviser company **(complete section 4)**

Section 3 – Purpose of authority (individual person)

I authorise First Super or its Administrator to release information about my super entitlements for the purposes of receiving and accessing information.

Representatives' full name

Company

ABN

Telephone (work)

Mobile

AFS license number **(mandatory)**

AFSL authorised representative number **(mandatory)**

Email

Section 4 – Purpose of authority (company)

I authorise First Super or its Administrator to release information about my super entitlements for the purposes of receiving and accessing information only.

Company	ABN	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (work)	Fax (work)	AFS license number (mandatory)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

Section 5 - Consent

Member's full name

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Please sign here

Date (DD/MM/YYYY)

Your privacy is important to us. We are collecting information on this form to administer your super. If you'd like to read our privacy and security statement, visit firstsuper.com.au/privacy-policy.

Section 6 - Certified identification (mandatory)

In order for this form to take effect please ensure that you attach a certified copy of either your passport, drivers licence or birth certificate.

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by including the following details on the copy:

- > writing or stamping 'This is a true copy of the original'
- > their qualification (e.g. Police Officer, Justice of the Peace etc)
- > their name and address
- > their signature and date copy was signed.

Want to know more? We're here to help.

Call 1300 943 171
Email mail@firstsuper.com.au
Website firstsuper.com.au