

# Third Party Authority



**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 **three years** unless otherwise noted on this form in section 5. 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	Date of birth (DD/MM/YYYY)	Member number
<input type="text"/>	<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 address		
<input type="text"/>		

Tick box to update my details.

### Section 2 – Nominate your representative

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

**Personal representative**

Relationship *(select one box)*

Accountant

Solicitor

Attorney (Power of Attorney)

Other (please specify):

Administration or financial management order

the Public Trustee

**Note:** Powers of Attorney, Administration or Financial Order/s or Public Trustee requests must accompany this authority form in order for information to be released.

### 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 only  acting on my behalf or  **both** *(select one box)*

Representative's full name

Company (if applicable)

Telephone (work)

Mobile

Email address

## 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  acting on my behalf or  **both** (select one box)

Company

Address

Suburb

State

Postcode

Telephone (work)

Fax (work)

Email address

## Section 5 – Consent period

This access starts from  to  (only specify an end date if applicable).

## Section 6 – 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](https://firstsuper.com.au/privacy-policy).

## Section 7 – Certified identification (mandatory)

In order for this form to take effect please ensure that you attach a certified copy of either your passport, driver 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 the date the copy was signed.

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

**Call** 1300 360 988  
**Email** [mail@firstsuper.com.au](mailto:mail@firstsuper.com.au)  
**Website** [firstsuper.com.au](https://firstsuper.com.au)

First Super Pty Ltd ABN 42 053 498 472, AFSL No. 223988 as Trustee of First Super ABN 56 286 625 181. February 2020.