

REGISTERED PROFESSIONAL THIRD PARTY AUTHORITY FORM



Please use this form if you'd like to authorise a legal practitioner, financial planner or accountant to review your account.

Accumulation Scheme

Member no.

Retirement Scheme

Member no.

Account-Based Pension Scheme

Member no.

Defined Benefit Scheme

Member no.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

1. MEMBER DETAILS

Date of birth (DD MM YY)

Title (e.g. Ms)

Given name(s)

Family name

Email

Phone (home)

Phone (work)

Phone (mobile)

Postal address

No./Street

Suburb/Town

State/Territory

Postcode

Residential address

select if same as postal address above

No./Street

Suburb/Town

State/Territory

Postcode

IMPORTANT

This authority will expire in 2 years or when a new authority is received, whichever is sooner.

2. NOMINATED PERSON 1

I hereby authorise the following Nominated person to review my account/s:

Name 1

Date of birth
(DD MM YYYY)

Nominated person 1

Company
(if applicable)

Phone

Email

Relationship to member (please select ONE of the following):

Legal practitioner:

Name of professional association

Registration number with your professional association

Financial planner/financial advisor:

AFSL no.

AR no.

Accountant:

ICAA / CPA / IPA Registration no.

(If you are registered with the CPA or IPA, please provide a copy of your current registration certificate)

Signature of
nominated
person 1

Date (DD MM YY)

IMPORTANT

This authority will expire in 2 years or when a new authority is received, whichever is sooner.

2. NOMINATED PERSON 2

I hereby authorise the following Nominated person to review my account/s:

Name 2

Date of birth
(DD MM YYYY)

Nominated person 2

Company
(if applicable)

Phone

Email

Relationship to member (please select ONE of the following):

Legal practitioner:

Name of professional association

Registration number with your professional association

Financial planner/financial advisor:

AFSL no.

AR no.

Accountant:

ICAA / CPA / IPA Registration no.

(if you are registered with the CPA or IPA, please provide a copy of your current registration certificate)

Signature of
nominated
person 2

Date (DD MM YY)

3. YOUR DECLARATION

- I have fully read the important notes, the relevant PDS and/or Fact Sheet.
- I declare that the information provided in this Form is true and correct.
- I authorise the Trustee to release information about my account to the person/s nominated in Section 2.
- I understand that this authority will not allow the nominated person/s to alter my details or carry out any financial transactions on my behalf.
- I understand that this authority continues for 2 years from the date I sign, unless a new authority is provided or I revoke it earlier in writing.
- I indemnify the Trustee against losses and liabilities incurred directly or indirectly as a result of this authority.
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.
- I declare that any nomination(s) in this Form will remain valid and continue to be effective if Active Super undergoes a successor fund transfer (SFT) within 2 years from the date of this Form. In the event of an SFT within 2 years, the nominations, indemnities and declarations in this Form will apply to the new Trustee and any subsequent accounts I receive as part of this SFT. I understand that any new Trustee may have different declarations and procedures to those stated in this Form.

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

Email hello@activesuper.com.au

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other service provider, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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