

Authority to obtain superannuation fund information

Use this form to allow a trusted person such as your accountant, financial planner, family member, etc. to access information about your super account.

Please read this information before you complete the form

You may appoint a nominee to request information on your behalf, in relation to your Prime Super accounts. The authorisation for this authority is not effective until we receive this completed form, and will remain effective for 12 months from the date of signature.

You must supply a clear photocopy of your Driver Licence or other photographic identification document to verify your identity and signature.

Once this form is submitted to Prime Super by letter or email, it will be actioned within 5 Business Days. A confirmation letter will be sent to the member and to the Authorised Third Party. If we require further information, the individual who submitted the request will be contacted.

Please complete this form in pen using BLOCK letters or complete online then print to sign. Print 'X' to mark boxes where applicable.

1 Member details			
Surname	Given names		Title
Member number	Email		
Date of birth (DD/MM/YYYY)	Mobile number	Phone numbe	er Pr
Other/Previous names (if applicate	ble)		
	,		
Residential address			'
Town/Suburb/City		State	Postcode
2 Nominee details			
Type of nominee: Financ	ial planner Accountant	Other	
	like to nominate all staff at a Financ	ial Planning company, ple	ase write 'All Staff' below)
Company name (if applicable)			
Destributed and the second			
Postal address			
Town/Suburb/City		State	Postcode
Town/Suburb/City		State	Postcode
Town/Suburb/City Phone number (BH)	Phone number (AH)	State Mobile number	
Phone number (BH)	Phone number (AH)	Mobile numbe	
	Phone number (AH)		
Phone number (BH)	Phone number (AH)	Mobile numbe	

2/2 Prime Super PR 1430.8 11/21 ISS2

3 Identification

I have attached a photocopy of my Driver Licence or other photographic identification document to verify my identity and signature.

4 Terms and conditions & member declaration

Terms and conditions

- 1. Once Prime Super receives this fully completed form and copy of your Driver Licence (or other document) we will provide your nominee with information as if the request was made by you. Therefore, if you do not wish your nominee to be able to access information on your Prime Super accounts, you should not complete this form.
- 2. You agree that you must give us 14 days' written notice if you wish to terminate this authority.
- 3. Prime Super is not responsible for any loss or delay which results from Prime Super providing information to your nominee.
- 4. You release, discharge and indemnify Prime Super from and against all actions, claims, demands, expenses and liabilities (however they arise) suffered by you or suffered by or brought against Prime Super, in respect of the information given by Prime Super to your nominee.

Your declaration

I, the member named in this form, have read and agree to the terms and conditions of use in appointing the above nominee, and I have attached a copy of my driver's licence or other documentation to verify my identity and signature.

I understand that the personal information collected is for purposes outlined in Prime Super's Privacy Statement. The information is only used for the purpose of administering my fund membership or related purpose. I note that further information about privacy can be found in the Prime Super Privacy statement at prime super.com.au or by contacting Prime Super.

Member signature	Date

Return this form to us via mail or email

mail: Prime Super

Reply Paid 85860 PARRAMATTA NSW 2124 No stamp required email: administration@primesuper.com.au

visit: primesuper.com.au 1800 675 839