

Authorised Representative / Third Party Authority

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Your Accountants Super Membership Details

Your Accountants Super Member Number (if known)

Title

Date of birth

Surname

Given Name

2. Authorisation

I hereby authorise the Trustee of Professional Associations Superannuation Fund (of which Accountants Super is a division) to release information in respect of my membership and benefits to the person whose name is shown below. I understand that this authority can be revoked at any time in writing to the Trustee.

Authorised Representative Details

Surname

Title

Given Name

Relationship of Authorised Representative to you (eg Accountant, Financial Adviser)

Phone (Business Hours)

Fax

E-mail address (Please **do not** leave any spaces empty, continue word on next line if necessary)

Level of Access Authorised

I nominate the following level of information which can be released to my authorised representative:

- Level 1** All details of my membership and benefits except my tax file number
- Level 2** All details of my membership and benefits except my tax file number and account balances

To ensure that the only person authorised by this authority has access to my membership information, I nominate the following password which must be quoted together with my date of birth when information is requested other than by me:

Nominated five letter password:

3. Declaration

I hereby declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed

Date

4. Please return this form to:

Accountants Super
GPO Box 3607
Melbourne Vic 3001

For further information:

Phone: 1300 651 331
Fax: 1300 655 490
E-mail: asfinfo@accountants-super.com
Website: www.accountants-super.com

Professional Associations Superannuation Limited
(ABN 14 056 917 303 RSE L0000352) as Trustee of
Professional Associations Superannuation Fund (PASF)
(ABN 78 984 178 687 RSE R1000429).
Accountants Super is a division of PASF.