

Authorised Representative / Third Party Authority Withdrawal

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Your Accountants Super Membership Details

Your Accountants Super Member Number (if known)

Surname

Title

Date of birth

Given Name

2. Authority Withdrawal

I hereby notify the Trustee of Professional Associations Superannuation Fund (of which Accountants Super is a division) that I revoke the Authorised Representative / Third Party Authority given to the person shown below and as result no further information in respect of my membership should be released to this person.

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)

*Providing your mobile number/email address means you are willing to receive important information about your Accountants Super account and other benefits and services by SMS or email.

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.