



Authority to release information



What do I use this form for?

You should complete this form if you want to give QSuper the authority to release information on your superannuation account/s to an individual or organisation. Please complete in dark blue or black ink.

PLEASE NOTE:

- ☞ All relevant sections are to be completed by you, ensuring all details supplied are accurate and up to date.
- ☞ Complete Part C if you want information released to a financial representative.
- ☞ Complete Part D if you want information released to a personal representative.
- ☞ When completed, please return to QSuper.

PART A QSUPER ACCOUNT DETAILS

Please enter your QSuper client and member numbers in the boxes below.

Client number:

Member number:

HELPING HAND

You can find your numbers on your benefit statement.

PART B PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr

Surname:

Given names:

Postal address:

State: Postcode:

Residential address: Same as above Different (please provide below)

State: Postcode:

Previous name¹:

Date of birth: / / (dd/mm/yyyy)

Phone number (home):

(work):

(mobile):

Email address:

¹ If your name has changed since you last had contact with QSuper, please contact us for information on the additional documents you will need to provide.

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PLEASE NOTE:

- You must provide a minimum of three pieces of identifying information for the financial and/or personal representative.
- This authority will remain valid unless revoked in writing. You should review this authority if your circumstances change.



Before you send this completed form to QSuper, you must sign your consent in Part E.

PART C FINANCIAL REPRESENTATIVE DETAILS

Organisation name:

Individual name:

Relationship: financial adviser solicitor
 accountant/tax adviser other—please specify

This authority to access your account details applies to (please tick one):

any representative, agent, or adviser of the organisation, including the individual named only the individual named.

Postal address:

State: Postcode:

Adviser's ABN (mandatory):

Phone number (office):

Fax number:

Email address:

Dealer licence number:

PART D PERSONAL REPRESENTATIVE

Title: Mr Mrs Miss Ms Dr

Surname:

Given names:

Postal address:

State: Postcode:

Date of birth: // (dd/mm/yyyy)

Phone number (home):

(work):

(mobile):

Email address:

PART E CONSENT

I give consent to QSuper to provide all relevant information on my superannuation account/s to the financial and/or personal representative listed in Parts C and/or D of this form, on their verbal or written request. I understand that this authority will remain valid unless revoked in writing.

(Signature)

X

SIGN HERE

(Date - dd/mm/yyyy)

//

Contacting QSuper

Contact Centres

70 Eagle Street Brisbane
 63 George Street Brisbane
1300 360 750 (+617 3239 1004 if overseas)
 Monday to Thursday 8.30am to 5.00pm
 Friday 9.00am to 5.00pm

GPO Box 200
 Brisbane Qld 4001
 Fax 07 3239 1111

qsuper.qld.gov.au

ABN: 60 905 115 063
 SFN: 2610 419 41

The privacy of your personal information is important to us. QSuper Limited (ABN 50 125 248 286, AFSL 334546) is collecting this information on behalf of the QSuper Board of Trustees to administer your superannuation account. If you would like further information about our privacy policy, you can download QSuper's *Your privacy* fact sheet from our website. Alternatively, call us and we'll send you a copy.