

# Disclosure Authority

## When should I use this form?

Complete this form if you want us to give information about your claim (this could include about your health, finances and insurance) to the representatives you list on this form.

Send your completed form to us at QSuper Group Life Insurance, GPO Box 200, Brisbane, QLD, 4001.

Please complete this form in **BLOCK** letters, using blue or black ink.

### 1 Personal details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title First name (required)

Last name (required)

Previous name<sup>1</sup> (if we know you by another name)

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

Phone number

Email address

Residential address

State Postcode  
Postal address Same as residential address

State Postcode

I want Australian Retirement Trust to give the representative/s listed on this form information about my insurance claim with Australian Retirement Trust. They've agreed to their name, relationship to me, date of birth, and contact details being given to Australian Retirement Trust.

I know the information you give them could include any information about my claim, including health, financial, and insurance information.

Signature

Date signed (dd/mm/yyyy)

/ /

### Where to send this form

Please send your completed form to us by:

**Post**  
QSuper  
GPO Box 200  
Brisbane QLD 4001

**Email**  
qsuper@qsuper.qld.gov.au

<sup>1</sup> If your name has changed and you work for the Queensland Government, let your payroll office know and they will then let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.

## Representative 1

Name of representative

Date of birth (dd/mm/yyyy)

Phone number

Email address

Postal address

State

Postcode

Limit access solely to the person named above  
(Leave this check box blank if you want to allow other  
practice staff to assist your adviser.)

Relationship (mandatory – please tick one)

Financial adviser                      Solicitor

Accountant/tax agent

Other (please give details)

## Representative 2

Name of representative

Date of birth (dd/mm/yyyy)

Phone number

Email address

Postal address

State

Postcode

Limit access solely to the person named above  
(Leave this check box blank if you want to allow other  
practice staff to assist your adviser.)

Relationship (mandatory – please tick one)

Financial adviser                      Solicitor

Accountant/tax agent

Other (please give details)

## Member Centres

Visit [qsuper.qld.gov.au/membercentres](https://qsuper.qld.gov.au/membercentres)  
for locations

## Member Services team

**Phone** 1300 360 750  
**Overseas** +61 7 3239 1004  
Monday to Friday 8.00am – 6.00pm (AEST)

**Postal address** GPO Box 200, Brisbane QLD 4001  
**Email** [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)  
**Fax** 1300 242 070  
**Website** [qsuper.qld.gov.au](https://qsuper.qld.gov.au)

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