

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 name¹ (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)

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¹ 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

70 Eagle Street, Brisbane
63 George Street, Brisbane
Sunshine Coast University Hospital, Ground Floor,
Main Hospital Building, 6 Doherty Street, Birtinya

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
Fax 1300 242 070
Website qsuper.qld.gov.au

This form and all QSuper products are issued by Australian Retirement Trust Pty Ltd (ABN 88 010 720 840, AFSL 228975) as trustee for Australian Retirement Trust (ABN 60 905 115 063). Any reference to "QSuper" is a reference to the government division of Australian Retirement Trust. Where necessary, consider seeking professional advice tailored to your individual circumstances. We take protecting the privacy of personal information very seriously. We are collecting your personal information to assess or manage your insurance application, cover or claim, and to administer your superannuation account. If we do not receive complete and accurate information, we may not be able to assess or manage your claim. We may also disclose this information to your employer, authorised service providers (e.g. external insurers and assessors), medical, health and wellbeing professionals, and other third parties if we need to, if you have given consent to the disclosure, or if we are required to by law. If you want to know more about our privacy policy, including how we collect, hold, use, and disclose personal information, or how individuals can access or correct their information, visit qsuper.qld.gov.au/privacy or call us to request a copy.

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