Authority to Release Information to a Financial Representative

How to use this form

Use this form to give us the authority to release information about your superannuation account/s to your solicitor or a financial representative such as financial adviser, accountant, or tax adviser.

Please fill in all relevant sections of the form, making sure all details are correct and up-to-date.

> This form is applicable to the QSuper part of Australian Retirement Trust.

When not to use this form

If you want to give us the authority to release information about your account to your personal representative, such as your partner, do not complete this form. You need to fill out an Authority to Release Information – Personal Representative form instead.

If you want to give us the authority to release information about your health, do not complete this form. You need to fill out a Disclosure Authority form instead.

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

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1 QSuper member's personal details

Client number

Title   First name (mandatory)

Last name (mandatory)

Previous name (if we know you by another name)[1]

Date of birth (mandatory)   Home phone number

Mobile phone number   Work phone number

Email address

Postal address (mandatory)

State   Postcode

Residential address   As above

State   Postcode

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2 Details of the person you're giving authority to

> Complete this section if you want your information given to a financial representative.

Name of solicitor or financial representative (mandatory)

☐ 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)

Practice / Business name (mandatory)

Company ABN (mandatory)

Postal address (mandatory)

State   Postcode

Email address we'll use to contact this representative in future

Office phone number   Mobile number

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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.

QSuper
Part of Australian Retirement Trust

2 Financial representative details continued

Complete for financial advisers

AFSL (Australian Financial Service Licence) number
(mandatory)

Licensee name

ARN (Authorised Representative Number) (mandatory)

3 Term of Authority

This authority will remain valid unless it is revoked (see declaration section) or you nominate an expiry date.

Nominate an expiry date or leave blank:

Expiry date (optional) (dd/mm/yyyy)

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4 Member declaration and signature

- The information I have given on this form is true and correct.
- I give permission to the Trustee to release information about my account, as nominated in section 2.
- This permission replaces any previous written authority I have given the Trustee relating to a financial representative.
- I acknowledge that this authority will remain valid until:
  - I withdraw this authority. I can withdraw my authority at any time by writing to the Trustee to request this.
  - I submit a new authority nominating a new representative.
  - The expiry date I have nominated is reached (if I have nominated an expiry date).
  - Other circumstances where the Trustee may automatically cancel this authority.
- I understand that this authority will not allow the financial representative to change my personal details or carry out any transactions on my behalf.

- I understand that the Trustee is not responsible for any loss or delay that results from them giving information to my financial representative.
- I understand that the Trustee reserves the right to remove this authority when the nominated representative no longer holds the necessary qualifications to act in this capacity.
- To the extent permitted by law, I agree to release, discharge, and indemnify the Trustee from and against all action, claims, demands, expenses, and liabilities that I suffer, or which are suffered or brought against the Fund, in respect of any information released by the Trustee to the financial representative which I've nominated, except to the extent that any action, claim demand, expense or liability is suffered as a result of the Trustee's, fraud, negligence or wilful misconduct.
- I acknowledge that my personal information will be used in accordance with the direction I have given in this form, and that your privacy policy (**qsuper.qld.gov.au/privacy**) explains how my personal information is collected, used and disclosed.

Signature

Date (dd/mm/yyyy)

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