

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 a financial representative such as a financial adviser, solicitor, accountant, or tax adviser.

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

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 *Medical and Non-Medical Authority* form instead.

Visit qsuper.qld.gov.au/advisers for more information about partnering with QSuper.

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

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

2 Financial representative's details

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

Financial representative name (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

Office phone number Mobile number

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.

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 QSuper to release information about my account, as nominated in section 2.
- This permission replaces any previous written authority I have given QSuper 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 QSuper 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 QSuper 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 QSuper is not responsible for any loss or delay that results from them giving information to my financial representative.
- I understand that QSuper reserves the right to remove this authority when the nominated representative no longer holds the necessary qualifications to act in this capacity.
- I agree to release, discharge, and indemnify QSuper from and against all action, claims, demands, expenses, and liabilities that I suffer, or which are suffered or brought against QSuper, in respect of any information released to the financial representative by QSuper.
- I consent to my personal information being used in line with QSuper's privacy policy and the direction I have given QSuper in this form.

Signature

Date (dd/mm/yyyy)

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Member Centres 70 Eagle Street, Brisbane
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Ground Floor, Main Hospital Building,
6 Doherty Street, Birtinya

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