🛃 QSuper Form

Authority to Release Information

Personal Representative

When should I use this form?

You can complete this form to give us the authority to release info about your super account/s to an individual such your spouse/partner, family member, guardian or carer.

If you want to give us the authority to release info about your account to your financial representative, you'll need to fill out an Authority to Release Information Financial Representative form.



1 Personal details		2 Personal representative details	
Client number		Complete this section if you representative.	want your info given to a personal
Your client number can be found on your annual statement or by logging in to Member Online.		Title Given names (mandatory)	
Title Given names (mandatory)		Surname (mandatory)	
Surname (mandatory)		Relationship (mandatory – please tick one) Spouse/partner	
Previous name ¹ (if we know you by another name)		Family member Guardian/carer	
Date of birth (mandatory)	Home phone number	Other (please specify) Postal address (mandatory)	
Mobile phone number	Work phone number		
Email address		State Postcode	
Postal address (mandatory)		Date of birth (mandatory)	Home phone number
		Mobile phone number	Work phone number
State Postcode		Email address	
Residential address () As a	DOVE		
Stat	e Postcode		



Member declaration and signature

- The info I've given on this form is true and correct.
- I give permission to the Trustee to release info about my account to the personal representative I've nominated in Section 2 of this form.
- This permission for the release of info about my QSuper account to a personal representative replaces any written permission I've previously given to the Trustee.
- I acknowledge that:
 - This authority will last for a period of three years from the date I sign this form unless it's withdrawn by me on an earlier date.
 - I can withdraw my authority at any time before the end of the three year period by writing to the Trustee and asking them to do so.
- I understand that this authority won't allow my personal representative to change my personal details or carry out any transactions on my behalf.
- I understand that the Trustee isn't responsible for any loss or delay which results from them providing info to my personal representative.
- 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 which I suffer or which are suffered or brought against the Fund in respect of any info released by the Trustee to the personal 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)	

Member Centres

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

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