

If you'd like to give a third party – like your financial planner or power of attorney, access to review your account, please use this form.

Accumulation Scheme

Member no.

Retirement Scheme

Member no.

Account-Based Pension Scheme

Member no.

Defined Benefit Scheme

Member no.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use an (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

1. YOUR DETAILS

Member no.

Date of birth (DD MM YY) Title (e.g. Ms)

Given name(s)

Family name

Email

Phone (home) Phone (work)

Phone (mobile)

Postal Address

No./Street

Suburb/Town State/Territory Postcode

Residential address select if same as postal address above

No./Street

Suburb/Town State/Territory Postcode

IMPORTANT

This authority will expire in 12 months or when a new authority is received, whichever is sooner.

2. NOMINATED PERSON/S

I hereby authorise:

Name 1

Name 2

Company

AFSL number

Address

Suburb/Town State/Territory Postcode

IMPORTANT

If you nominate two people, both must sign.

2. NOMINATED PERSON/S (CONTINUED)

Phone

Email

Signature of nominated person 1 Date (DD MM YY)

Signature of nominated person 2 Date (DD MM YY)

Relationship to member

Attorney (Power of Attorney)
 Accountant
 Financial planner
 Guardian
 Trustee
 Spouse
 Family member
 Other (please specify)

3. YOUR DECLARATION

- I have fully read the important notes, the relevant PDS and/or Fact Sheet.
- I declare that the information provided is true and correct.
- I authorise the Trustee to release information about my account to the person/s nominated in Section 2.
- I understand that this authority will not allow the nominated person/s to alter my details or carry out any financial transactions on my behalf.
- I understand that this authority continues for 12 months from the date I sign this form unless revoked by me earlier in writing.
- I indemnify the Trustee against losses and liabilities incurred directly or indirectly as a result of this appointment.
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.

Signed Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220
Email hello@activesuper.com.au

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').