

# AUTHORITY TO RELEASE/REVOKE INFORMATION - FINANCIAL REPRESENTATIVE FORM



This form allows you to give or revoke permission for the Fund to provide information and access to a Financial representative about your Energy Super account(s).

Use this form to:

Give permission to a financial representative (complete Part A), OR Revoke an existing authority (complete Part B).

Please note: Valid authorities to release information will remain in place for a maximum of two years\*. After the two year\* period, you will need to complete another *Authority to Release/Revoke Information - Financial Representative Form* if you wish for the third party to continue to access your Energy Super account information. *This permission to release information to a nominated representative replaces any written permissions previously given to provide information and access to a financial representative about your Energy Super account(s)*

\*Financial Representative(s) access to the Fund's Adviser Portal is limited to a 12 month period.

When providing personal information to your nominated representative as authorised in this form, the Fund cannot accept responsibility for how the representative treats or uses the information obtained.

## CREATE OR REVOKE AN AUTHORITY

I wish to:

create a new authority (complete Part A only)  revoke an existing authority (complete Part B only. Go to page 2)

## YOUR PERSONAL DETAILS

Energy Super member number (if known):

Surname:

Title: Mr  Mrs  Ms  Miss  Dr

Given names:

Date of birth: (DD/MM/YYYY)   /   /

Residential address:

State:  Postcode:

Postal address (if same as residential address, write "as above"):

State:  Postcode:

Telephone (home):

Telephone (work):

Mobile:

Primary email:

Secondary email:

## PART A - CREATE A NEW AUTHORITY

To create a new authority, please complete this section. If you want to give us the authority to release information about your account to a personal representative, you'll need to fill out an *Authority to release/revoke information - Personal representative form*

## FINANCIAL REPRESENTATIVE'S DETAILS

Financial representative name:\*

Business name:\*

AFSL number:\*

Licensee name:

Email address:

Postal Address:

State:  Postcode:

Relationship:

- Financial adviser  Accountant/tax adviser  
 Solicitor  Other (please specify)

\*If you are a financial representative it is mandatory that you provide us with your AFSL, ARN and ABN.

## FINANCIAL REPRESENTATIVE'S DETAILS Cont.

Financial representatives ARN (Authorised Representative Number):\*

Financial representatives ABN (Australian Business Number):\*

Telephone (work):

Mobile:

Please confirm who from the organisation you are giving authority to. **I agree to** (please select one):

- Authorise access to only the representative specified on page 1; or
- Authorise access to the representative specified on page 1 and other nominated representatives from the organisation.

Please list other nominated representatives here:

## YOUR CONSENT - PART A ONLY

I hereby authorise the Fund to provide information related to my superannuation account/s including my personal information to the financial representative listed above in Part A of this form. This information will be provided on either their verbal, written request or may be accessed by a financial representative via the Fund's Adviser Portal\*. I understand that this authority will remain valid for a maximum of two years, unless I revoke or replace my authority on an earlier date.

*\*Financial Representative(s) access to the Fund's Adviser Portal is limited to a 12 month period.*

- I understand that I can revoke my authority at any time by calling us or completing Part B of this form.
- I understand that this permission to release information to a nominated representative replaces any written permissions previously given to provide information and access to a financial representative about your Energy Super account(s).
- I understand that once access to the Adviser Portal is granted, my financial adviser and/or their staff will be able to obtain relevant information and to monitor my account on my behalf.
- I understand that this authority will not allow the financial representative to change my personal details or carry out any transactions on my behalf, unless I provide them access.
- I understand that the Fund cannot accept responsibility for how the representative treats or uses the information obtained.
- I acknowledge that the Fund collects my personal information and have read the *Privacy Statement* available at [energysuper.com.au](http://energysuper.com.au)

Applicant's signature:

Date (DD/MM/YYYY):

**Please note:** If you're signing this form with a digital signature you're required to prove your identity to us. Please complete the Proof of Identity section on page 3

## PART B - YOUR CONSENT

I wish to revoke access from:

- The nominated financial representative
- A single representative from the organisation (Please specify representative below)

I hereby authorise the Fund to revoke my current third party authority. I understand that my financial representative listed on my account will no longer have access to information related to my superannuation account/s including my personal information.

Applicant's signature:

Date (DD/MM/YYYY):

## YOUR PRIVACY IS IMPORTANT TO US

LGIAsuper (the issuer of the Energy Super product) respects your privacy. All personal information collected via this form is protected in line with LGIAsuper's Privacy policy. To find out more about how we collect and manage your personal information, please refer to our privacy policy available at [energysuper.com.au](http://energysuper.com.au).

## TALK TO US

**T** 1300 436 374

**E** [info@energysuper.com.au](mailto:info@energysuper.com.au)

**W** [energysuper.com.au](http://energysuper.com.au)

### Energy Super

Level 10, 123 Eagle Street

Brisbane QLD 4000

PO Box 10530

Brisbane Adelaide Street QLD 4000

## RETURN THIS FORM

### Energy Super

PO Box 10530

Brisbane Adelaide Street QLD 4000

**F** 07 3229 7523

**E** [member@energysuper.com.au](mailto:member@energysuper.com.au)  
(as a scanned email attachment)

# PROOF OF IDENTITY

## PLEASE COMPLETE THE BELOW

You are able to prove your identity to us:

**Electronically**

By providing you my Medicare, driver's licence (Australian/New Zealand) or passport details (Australian/New Zealand) below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand the Fund uses a third party for this purpose.

I confirm that I've read the information regarding the electronic identity verification process outlined in the *Proof of Identity Requirements* Fact Sheet at [energysuper.com.au](http://energysuper.com.au)

**Important:** Make sure the details you provide are accurate. If your personal details provided at the start of this form do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your request.

**You must provide details of at least two of the following documents:**

### Document 1: Medicare card

Full name as shown, including initials:

Card number:  Valid to:  /

I am person number  on this card

### Document 2: Driver's licence

First name as shown on licence:

Surname as shown on licence:

Driver licence number:  State of issue:  Expiry date:  /  /

### Document 3: Passport

Given Name/s (including middle name) as shown on your passport:

Surname as shown on your passport:

Australian passport number:

Place of birth as shown on your passport:

Country of birth (not shown on passport):

Family name at birth (not shown on passport):

**If signing on behalf of another person, please provide your following details:**

Date of Birth:  /  /

Address:

State:  Postcode