

Authority to Release Information

MS01



right by your side

Use this form to authorise us to provide information about your Brighter Super account/s or insurance claim to a third party you nominate.

By signing this form you authorise the nominated person/s to have access to information about your Brighter Super account/s for 2 years from the date it is signed. This authority won't take effect until we receive your completed form. After the 2 year period, you will need to complete another Authority to release information form if you wish for the authorisation to continue.

The nominated person/s won't be authorised to change your personal details, give any instructions or make any transactions on your behalf. Personal information such as your TFN and bank account details won't be released to your authorised person/s under any circumstances.

You can cancel your authority at any time before the end of the 2 year period by providing verbal or written notice to the Trustee. This will take effect when we receive your notice.

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

Personal Details Brighter Super respects your privacy. All personal information collected is protected in line with Brighter Super's Privacy policy.

Member number	Account number	Given name/s	
Surname		Date of birth / /	
Email		Phone number	
Residential address			
Suburb/town		State	Postcode
Postal address (if different to above)		State	Postcode

Important information

1. Power of attorney

Appointing someone as your power of attorney requires you to draw up legal documents about the responsibilities you're happy to entrust to others. For a Power of Attorney (PoA) to be accepted, we require the forms to be posted through to us at **GPO Box 264, Brisbane QLD 4001**. Please ensure your documents have been certified on each page, and you have included certified ID for the attorney(s) nominated in the PoA.

2. Personal information

Brighter Super respects your privacy. All personal information collected on this form is protected in line with *Brighter Super's Privacy Policy*. To find out more about how we collect and manage your personal information, please refer to our *Privacy Policy* available from our website **brightersuper.com.au**.

1 Instructions

Please tick (✓) the appropriate option(s) below:

- ☐ I wish to authorise an individual person (sections 2 and 4).
- ☐ I wish to authorise a financial adviser or business (sections 3 and 4).

Please note: you are unable to use this form to appoint someone as your general or enduring power of attorney. If you would like to appoint an attorney please call us on 1800 444 396 to discuss requirements.

2 Provide authority for an individual

Use this section of the form to authorise an individual personal representative to obtain access to information about your Brighter Super account/s.

To authorise a financial representative or business please use section 3 of the form.

Individual personal representative

Given name/s	Surname
Relationship	Date of birth / /
Email	Phone number

3 Provide authority for a financial adviser or business

Use this section of the form to authorise a financial representative or business to obtain access to information about your Brighter Super account/s.

To authorise an individual personal representative please use section 2 of the form.

Financial adviser or business authorised person/s

Adviser's name	Brighter Super Adviser ID	
ASIC¹ financial adviser number	AFS Licence² number	
Practice name	Australian Business Number (ABN)	
AFS Licensee² name		
Phone number	Email address	
Company address		
Suburb/town	State	Postcode

I wish to provide authorisation for:

- ☐ All staff from the above named company.
- ☐ Only the representatives of the above named company listed below.

Representative 1	Representative 2
Representative 3	Representative 4

¹ Australian Securities & Investments Commission

² Australian Financial Services Licence number

Member Declaration

- I give permission for the above listed authorised person/s to obtain or provide information regarding my Brighter Super account or insurance claim to a third party provider.
- I understand that this is an authority to obtain information only and that I am the only person who can make changes to my account.
- I understand that, in the event I am unable to advise changes to my account, my nominated representative will need to provide Brighter Super with a certified copy of an Enduring Power of Attorney.
- I understand that this authority is valid for 2 years from the date it is signed. If I wish the authority to continue beyond 2 years, I will need to provide a new Authority to release information form and proof of identification at that time.
- I understand that I may cancel this authority at any time by contacting Brighter Super.
- I understand that this authority is valid across all accounts I currently hold with Brighter Super as well as accounts I have previously held with Brighter Super and those I may open in the future.

Member Signature

Date signed

/ /

Now you have completed this form and signed the declaration, please send it to us by:

Preferred Method

Website (Secure file upload)
brightersuper.com.au/contact-us

Alternative Options

Email (scanned copy)
info@brightersuper.com.au

Post Brighter Super
GPO Box 264
Brisbane Qld 4001

