

Please use this form if you'd like to authorise a third party, like your financial planner or attorney, to review your account.

**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 a (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at [activesuper.com.au/PDS](http://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

Phone

Email

**IMPORTANT**

If you nominate two people, both must sign.

**Nominated person 1**

First name as shown on your licence

Last name as shown on your licence

Date of birth as shown on your licence (DD MM YY)

Address as shown on your licence

Australian driver's licence number

Australian driver's licence card number

State where driver's licence was issued

Expiry date (DD MM YY)

Signature of nominated person 1

Date (DD MM YY)

Relationship to member

Attorney (Power of Attorney)  Accountant  Financial planner

Guardian  Trustee  Spouse

Family member  Other (please specify)

## 2. NOMINATED PERSON/S (CONTINUED)

### Nominated person 2

First name as shown on your licence

Last name as shown on your licence

Date of birth as shown on your licence (DD MM YY)

Address as shown on your licence

Australian driver's licence number

Australian driver's licence card number

State where driver's licence was issued

Expiry 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)

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## SEND YOUR COMPLETED FORM BACK TO US AT:

**Mail** Active Super, PO Box N835, Grosvenor Place NSW 1220

**Email** [hello@activesuper.com.au](mailto:hello@activesuper.com.au)

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### 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 service 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](https://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').