



Issued 1 November 2023
Fund ABN 45 960 194 277 | USI 45 960 194 277 010

THIRD PARTY AUTHORITY FORM

Complete this form if you would like a Third Party to have access to your account details. Please note that a Third Party will not be able to make changes or authorise transactions on your account.

You can find detailed information about Future Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.futuresuper.com.au or on request by phoning **1300 658 422**.

This form may be posted to **GPO Box 2754, Brisbane QLD 4001** or scanned and emailed to info@futuresuper.com.au.

Section 1 Personal details

Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>		
Member Number	<input type="text"/>		
Phone number	<input type="text"/>		
Email address	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can elect to receive communications by post at any time by contacting Future Super on **1300 658 422** or via email at info@futuresuper.com.au or in writing at **GPO Box 2754, Brisbane QLD 4001**.



Section 2 Third Party Details

Full Name of Third Party

Relationship to you (please tick the appropriate box)

- Relative
- Legal Representative
- Financial Adviser
- Other (please specify)

Company Name (if Legal Representative or Financial Adviser)

Third Party Phone Number

Third Party Email

Third Party Address

City

State

Postcode



Section 3 Verification of Identity

Please select one option.

Option 1 – I want to attach paper copies of certified ID.

Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must be certified as a true copy.

If the documents you provide are not correctly certified or are unable to be read you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third party green ID validation provider, including confirming your document is valid with the original document issuer.

Option 2 – I want to use electronic verification

By providing the information below you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third-party green ID validation provider, including confirming your document is valid with the original document issuer.

You must provide at least 2 of the following. Please provide all 3 of the following if possible (if you are unable to provide this information you will need to provide certified ID as per option 1):

Australian Passport - Please complete the details exactly as they appear on your Passport

Passport number	<input type="text"/>	First and middle names (if applicable)	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
Sex	<input type="text"/>		

Medicare Card - Please complete the details exactly as they appear on your card

Card number	<input type="text"/>	Reference number	<input type="text"/>
First and middle names (if applicable)	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Card Expiry date	<input type="text"/>

Australian Drivers Licence - Please complete the details exactly as they appear on your Licence

Licence number	<input type="text"/>	Card Number	<input type="text"/>
First and middle names (if applicable)	<input type="text"/>	Last Name	<input type="text"/>
State of Issue	<input type="text"/>	Date of Birth	<input type="text"/>



Section 4 Member Declaration and Signature

By completing and signing this form, I declare that:

- All details I have provided in this form are true and correct.
- I have made an informed decision because I have read and understood the Product Disclosure Statement, Additional Information Booklet and Insurance Guide which contain important information regarding my superannuation with Future Super.
- The Third Party I have indicated on this form can have access to my Future Super account information for a period of two years or until I notify Future Super that this no longer applies.
- I agree to release, discharge and indemnify Future Super, the Trustee and the Administrator from and against all losses, actions, liabilities, claims, demands and proceedings arising from my appointment of a Third Party.
- I consent to my personal information being used for the purpose of making this transaction.

I have read and understood the Privacy Statement and understand how Future Super will use my personal information.

x

..... /..... /.....
Signature Date

.....
Print Name

PRIVACY STATEMENT: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.futuresuper.com.au or phone **1300 658 422**.