FORM

Third Party Authority

Use this form to nominate a third party, such as a relative or financial adviser, to receive relevant information or documents in relation to your account. This could include information related to any claims with which you require assistance.

Please print clearly in BLOCK LETTERS and use (x) in mark boxes where applicable.

1. PERSONAL DETAILS

ⓘ If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at **resourcesuper.com.au/privacy-statement/** or call us on **1800 824 227**.

a. Title (please select)

Mr ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ → ☐☐☐☐

b. Surname

c. First name(s)

d. Date of birth (DD MM YYYY) e. Sex (please select) f. Member number

☐☐ ☐☐ ☐☐☐☐ Male ☐ Female ☐

g. Residential Address

State ☐☐☐ Postcode ☐☐☐☐

h. Postal Address

State ☐☐☐ Postcode ☐☐☐☐

h. Work telephone i. Home telephone

☐☐ ☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐☐☐☐

j. Mobile number

☐☐☐☐ ☐☐☐☐☐☐

k. Email address[1] (Give us your email address to receive all future communications electronically.)

1. If you provide us with your email address, you will be opted-in for e-communications. This means our communications to you will be uploaded to your online account and you will receive an email notification when the communication is available online. Of course, you can change your preferred method of communications at any time through your online account or by calling us.

2. CLAIM TYPE (IF APPLICABLE)

Please select (x) your claim type(s) below.

- ☐ Death
- ☐ Terminal Illness
- ☐ Total and Permanent Disablement
- ☐ Permanent Incapacity
- ☐ Income Protection

3. NOMINATED REPRESENTATIVE DETAILS

a. Company name (if applicable)

b. ABN

c. Do you wish to authorise all staff from this company to represent you?

☐ Yes ☐ No

d. Full name of nominated person

e. Date of birth (DD MM YYYY)

f. Address

State Postcode

g. Home/Work telephone

h. Mobile number

i. Email address

j. Relationship to you

k. Expiration date of authority (DD MM YYYY)

or Authority is valid until revoked by you ☐

4. DECLARATION AND SIGNATURE

By signing this declaration, I understand and consent to the nominated person(s) to have access to information and documents in relation to my account and claim (if applicable).

The nominated person(s) on this form:
- Will be able to enquire, obtain relevant information and receive correspondence directly on my behalf;
- Is not authorised to make changes or transact on my account in any way;
- May be removed as a third party authority at any time if I revoke their authority by calling 1800 824 227 or sending confirmation of the withdrawal.

I understand that in some circumstances the Trustee may still be required to contact me directly.

I have read and understood the Trustee's Privacy Policy and understand how my personal information will be used. To the best of my knowledge, all the information provided in this form is correct.

Signature

Date (DD MM YYYY)

We're here to help

Please send your completed form to: Resource Super, Locked Bag A4094, Sydney South NSW 1235. If you have any questions, please call us on 1800 824 227 (Monday to Friday 8.30am to 5.30pm AEST), email info@resourcesuper.com.au or visit resourcesuper.com.au

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