

Step 2 – Authorisation

If you would like to provide third-party authorisation to more than one person, please complete a new form for each person.

I hereby provide third-party authorisation to the following person:

Given name/s:

Family name:

Business name (if authorised person is a financial adviser):

Business address:

Street no. Street name

Suburb

State

Postcode

Authorised person's phone number:

Authorised person's signature:

Step 3 – Declaration

I understand that:

- I have access to cost effective financial advice through NGS Financial Planning
- I am eligible for a free initial consultation with an NGS Financial Planner
- If I transfer the full account balance of my NGS Super benefit to another super fund, my NGS Super account will close and I will lose all insurance entitlements as a result
- Additional NGS Super insurance is available that provides cover 24 hours a day, seven days a week
- The NGS Pension provides access to income in retirement or whilst still working through a transition to retirement pension (conditions apply)
- I have access to transition to retirement advice through NGS Financial Planning at a fixed dollar fee with no commissions
- This authority will apply until cancelled, in writing, by me.

Signature

Date

Please return your completed form to NGS Super, GPO Box 4303, Melbourne VIC 3001.

