# THIRD-PARTY AUTHORISATION FORM

This form allows you to give permission for a third party, such as a financial planner, to access your NGS Super account information. **It does not allow them to transact on your account**. If you want your representative to provide us with instructions on your behalf, you will need to give them formal *power of attorney*. You should talk to a solicitor or the public trustee in your state or territory for information about appointing a *power of attorney*.

Once your completed form has been received by NGS Super, this authorisation will remain in place for 18 months. If you require a longer period, you should consider a power of attorney.

## If you need help

If you're unsure of your decision, consider obtaining professional advice. We offer

- advice at no extra cost through our advice Helpline or
- low-cost advice through NGS Financial Planning.

To make an appointment phone us on **1300 133 177** or complete the *Financial planning enquiry form* on our website at **ngssuper.com.au/advice** 

If you are an attorney appointed under a valid enduring Power of Attorney and wish to act on behalf of the member please contact us on 1300 133 177. We will require an original certified copy of the Power of Attorney (POA) document and original certified copy of Proof of Identity (POI) of the member and the attorney(s) being appointed.

#### Please return your completed form to:

#### NGS Super GPO Box 4303 MELBOURNE VIC 3001

or email to NGSAdminTeam@mercer.com

or upload to the 'Contact us' section of your Member Online account

Step 1. Complete your personal details	Please print in black or blue pen, in capital letters, one character per box.
Your member number	Your account number (if known)
Please apply this third-party authority to all my accounts	
Given name(s)	Date of birth
	State Postcode
Postal address (if different to above)	
	State Postcode
Contact number	
Personal email	

Issued by NGS Super Pty Limited ABN 46 003 491 487 AFSL No 233154 the trustee of NGS Super ABN 73 549 180 515



# Step 2. Provide details of the third party relationship

I wish to give another person access to my account:

- O Financial Planner and support staff Go to Step 2a.
- O Personal or other Professional **Go to Step 2b.**

#### Step 2a - Financial Planner and support staff

You must list the full name of each person you are authorising to obtain information on you behalf about you superannuation with NGS Super. To protect your privacy, information will only be provided to the individuals listed on this form.

If you would like to provide third-party authorisation to more than one person, please complete a new form for each person or attach a separate page with their details. If providing the details on a separate page, this must be on Company letterhead and signed and dated by the member.

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

Authorised person's first name	
Authorised person's surname	
Company (if applicable)	
Relationship:	
FP authorised rep number	
${igodold O}$ Financial planner support staff (must be with the same company as any listed Financial Planner).	
Address (if this is a company, this should be the registered business address)	
Address (if this is a company, this should be the registered business address)	
Address (if this is a company, this should be the registered business address)          Suburb       State       Postcode	
Suburb State Postcode	
Suburb     State     Postcode       Authorised person's phone number     Image: State     Image: State	
Suburb State Postcode	
Suburb     State     Postcode       Authorised person's phone number     Image: State     Image: State	
Suburb State   Authorised person's email	

## **Step 2.** Provide details of the third party relationship (Continued)

#### Step 2b - Personal or other Professional

Authorised person's first name
Authorised person's surname
Company (if applicable)
Relationship:
O Solicitor
O other (e.g. spouse) — please advise
Address (if this is a company, this should be the registered business address)
Suburb State Postcode
Authorised person's phone number
Authorised person's email
Authorised person's signature
×

#### Step 3. Attach Proof of ID

You must provide proof of your identity when providing third party authorisation.

#### Please provide a copy of one of the following documents:

- drivers licence, issued under Australian State or Territory law or equivalent authority of a foreign country for the purpose of driving a vehicle that contains your photograph
- passport issued by the Commonwealth
- a passport or a similar document issued for the purpose of international travel, that:
  - a. contains a photograph and your signature
  - b. is issued by a foreign government, the United Nations or an agency of the United Nations; and
- c. if it is written in a language other than English it is to be accompanied by an English translation prepared by an accredited translator
- a card issued under a State or Territory law for the purposes of providing your age which contains your photograph a national identity card issued for the purpose of identification, that:
  - a. contains a photograph and your signature
  - **b.** is issued by a foreign government, the United Nations or an agency of the United Nations; and
  - c. if it is written in a language other than English it is to be accompanied by an English translation prepared by an accredited translator.

### Step 4. Declaration

- I authorise the named person(s) in this form to request and receive information in relation to my NGS Super accounts.
- I understand this authority will apply for 18 months from the date of my signature unless cancelled or changed by me before then.
- I understand that this authority does not allow the Authorised Representative to change my details or carry out any transaction on my behalf.
- By completing this form, any previous adviser nomination will be removed from my account(s) and that nominated Financial Adviser will no longer have access to my information.

Date

- I can revoke my authority at any time before the end of the 18 month period.
- Any AFSL provided for a financial adviser must be valid. If it lapses, this third party authority will be void.
- Acknowledge that NGS Super and its representatives are not responsible for any loss and/or liabilities which may result from NGS Super or its representatives providing information to my nominated representative.
- I consent to my personal information being collected, disclosed and used as described in the Privacy Collection Statement.

Signature

# **Privacy Collection Statement**

NGS Super Pty Limited ABN 46 003 491 487 of **Level 4, 14 Martin Place Sydney NSW 2000** collects personal information from you (or from third parties such as your employer or another super fund) to manage your NGS Super account, keep you informed, improve our products and services or take action on a matter you have contacted us about. If we don't have your personal information, we may not be able to perform these services. We may be authorised to collect your personal information by certain laws, including laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

We disclose personal information as required to manage the Fund, to service providers (including our administrator, our insurer and professional advisers), employers or parties required by law. Personal information may be accessed by service providers overseas, most likely by our administrator's processing centre in India. For any other offshore locations, details of how to access and change your personal information and the privacy complaints process, go to **ngssuper.com/pcs** and **ngssuper.com/privacy** or call us on **1300 133 177**.