

## Financial Adviser Nomination form



This form will allow the nomination of a Financial Adviser and their Nominated Practice Representative(s), if also listed, to obtain only information on your NGS Super member account(s).

Important: Financial Advisers, please ensure that your Dealer Group has completed the Dealer Group registration form and you have completed the Financial Adviser registration form before completing this form.

Send your completed form to:
NGS Super
GPO Box 4721
MELBOURNE VIC 3001
or send via email to advisersupport@ngssuper.com.au

Please print in black or blue pen, or complete electronically.		
NGS member number		
Title		
Given names		
Surname		
Residential address		
Suburb	State	Postcode
Postal address (if different to above)		
Suburb	State	Postcode
	Mobile number	
Phone number		



Step 2. Financial Adviser details	
Note: This Financial Adviser Nomination form will revoke any previous Financial Adviser Nomination on your NG	S Super account(s).
Full name	
Authorised Representative number	
Company name (if applicable)	
Principal place of business	
Suburb	State Postcode
Phone number	Mobile
Email address	
Name of the Dealer Group	
Dealer Group ABN	AFSL number
Financial Adviser's Nominated Practice Representative(s)	
Please list the people permitted to communicate with, and obtain information from, NGS S	uper on the Financial Adviser's behalf.
Full name(s):	
1.	
2.	
3.	
4	
7.	

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## Step 3. Member declaration and signature - I acknowledge that:

By signing this form, I:

- Agree to allow NGS Super to provide the Financial Adviser and any Nominated Practice Representative(s) 'read only'
  access to view my NGS Super account(s), member details and investment option(s).
- Understand this nomination form:
  - does not permit the Financial Adviser or their nominated Practice Representative(s) to transact on my NGS Super account(s);
  - can be withdrawn by myself, at any time, by calling NGS Super on 1300 133 177;
  - can only be provided to one Financial Adviser and their Nominated Practice Representative(s), where agreed, at a time;
  - will be revoked if I submit another form nominating a different Financial Adviser and their Nominated Practice Representative(s), where agreed;
  - · will be revoked if the Financial Adviser ceases to be an authorised representative of the Dealer Group; and
  - does not impact NGS Super employees' existing access.
- Agree to indemnify and hold harmless NGS Super and its representatives from any loss or liability that may arise from NGS Super providing the Authority.
- Consent for my personal information being collected, disclosed and used as described in the Privacy Statement.
- Confirm that the details on this form are true and correct and reflect my intention.

Member signature	X	Date / /	

## **Privacy Collection Statement**

NGS Super Pty Limited ABN 46 003 491 487 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. For offshore locations, details of how to access and change your personal information and the privacy complaints process, go to ngssuper.com.au/pcs and ngssuper.com.au/privacy or call us on 1300 133 177.

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