Third party authority for access to claim information



Use this form to authorise a third party to receive relevant information or documents relating to your AustralianSuper insurance* claim. All details on this form must be completed for your authority request to be processed by AustralianSuper. Before providing your personal details below, we recommend you log into your account and go to *My details* to check that your address details are up to date or call our contact centre on **1300 667 387** between 8am and 5pm AEDT/AEST weekdays.

*AustralianSuper insurance is provided by TAL Life Limited (the Insurer) ABN 70 050 109 450, AFSL 237848.

Please complete in pen using CAPITAL letters and print (x) to mark boxes where applicable. Read the Privacy Collection Statement on page 2 of this form to see how AustralianSuper uses your personal information.

Provide your personal details					
Last name	Mr	Mrs	Ms	Miss	Dr
	X	X	X	X	X
First name					
Middle name					
Date of birth Member number					
D D M M Y Y Y Y					
Street address					
Suburb	State)	Po	stcod	le
Previous street address (if applicable)					
Suburb	State	<u> </u>	Po	stcod	le
				$\perp \perp \perp$	
Terminal Illness Permanent Incapacity Provide your Third Party Authority details					
Company name (if applicable)					
If you're authorising all staff at the above company to represent you tick this box					
Full name of person representing you (if not all staff)					
I hird Party's relationship to you					
Third Party's relationship to you					
Third Party's relationship to you Street address					
	State		Pc	stcod	e
Street address	State		Po	stcod	le
Street address	State)	Pc	estcod	e
Street address Suburb	State		Pc	estcod	le

4 Declaration

By signing this declaration I am requesting and consenting to give a third party authority access to information and documents relating to my insurance claim and understand that:

- The third party nominated on page 1 of this form will be able to obtain relevant information and receive correspondence directly on my behalf in relation to my insurance claim, but only I will be able to make changes to my account.
- I may withdraw this authority at any time by calling AustralianSuper or sending written confirmation of the withdrawal. The withdrawal or change will take effect by the fifth business day after the day on which AustralianSuper receives your phone call or written confirmation.
- In some circumstances AustralianSuper may still be required to contact me directly.

I have read the Privacy Collection Statement as set out below, and I understand how AustralianSuper will use my personal information. To the best of my knowledge, the information I have provided on this form is correct.

	Date							
		€						
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Privacy Collection Statement

Please read this Privacy Collection Statement to see how Australian Super uses your personal information.

AustralianSuper Pty Ltd (ABN 94 006 457 987) of GPO Box 1901, Melbourne, Victoria 3001, collects your personal information (PI) to operate your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to provide these services. PI is collected from you but sometimes from third parties like your employer. We will only share your PI where necessary to perform our activities with our administrator (Australian Administration Services Pty Ltd, Link Group), service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. A list of countries can be found at the URL below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details go to australiansuper.com/privacy or call us on 1300 300 273.