

Letter of authority form

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an **X**

SECTION 1 - YOUR PERSONAL DETAILS

I instruct WA Local Government Superannuation Plan Pty Ltd, ABN 64 066 797 162, AFSL 269006, as Trustee of WA Local Government Superannuation Plan, ABN 18 159 499 614 (trading as WA Super) to release full details of my superannuation or pension account/s. I give WA Super authority to provide these details on my behalf.

The purpose of this authority is to enable the person/s listed below to obtain all relevant information on my superannuation account.

Client number

Last name

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

First name/s

Male

☐

Female

☐

Date of birth (DD/MM/YYYY)

Address

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

SECTION 2 - AUTHORISED PERSONS DETAILS

Last name

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

First name/s

Contact phone number

Email

Address

Suburb/town

State

Postcode

Relationship to you

☐

Financial Adviser

☐

Other

Please complete the below if you are authorising a Financial Adviser:

Practice Name (if applicable)

Practice ABN (if applicable)

ASIC Financial Adviser Authorised Representative Number

AFSL Number

Licensee



SECTION 3 - REMOVE PREVIOUS THIRD PARTY AUTHORITY

By completing this section, any previous Authorised Person's will be removed from your account within three (3) business days and will no longer have access to your information.

☐ I wish to remove all previously Authorised Persons from my account.

☐ I wish to replace only the previously Authorised Financial Adviser for my WA Super Superannuation account/s with the Authorised Person nominated on this form.

☐ I wish to remove the below named previously Authorised Person(s) from my account.

Full name

SECTION 4 - YOUR PRIVACY

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy which is available at www.wasuper.com.au/privacy.

SECTION 5 - ACKNOWLEDGEMENT AND DECLARATION

- I confirm the information I have provided on this form is true and correct.
- I understand that this Authority will remain in place for 12 months, effective from the date of signing this authority or until I cancel the appointment in writing, whichever is earlier.
- I understand that no transactions can be performed with this authority.
- I understand that the above person is required to complete a security check when obtaining information on my behalf.
- I understand that if the relationship between the above listed person(s) and I changes, it is my responsibility to advise the Fund and request the authority be revoked.
- I understand that if I become aware of any unauthorised access or activity on my account, I should immediately notify the Fund so that access to my account can be suspended for such time as deemed necessary.
- I consent to the use of my personal information as outlined in the privacy policy which is available on the website at www.wasuper.com.au/privacy.

Full name

Signature

Date

SECTION 6 - CERTIFIED IDENTIFICATION

When you submit this form, please include a clear copy of a current document which clearly shows your signature such as a passport or driver's licence that has not expired. If your license has a new expiry date on the back or displays a new address sticker, please copy both sides.

The proof of identification document must be certified as a true and correct copy of the original document and show:

- **Your full name; and**
- **Date of Birth; and**
- **Signature**

☐ Mark the box to indicate that you have attached certified identification.