

# Third-Party Authorisation



Please complete this form in BLOCK letters and black pen.

Please complete this form to give permission for a third-party, such as a Financial Adviser, access to your Christian Super account information.

You will need to provide a certified copy of identification to process this authority. See page 2 for details on certification.

## 1. Your personal details

Member Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
Mr/Mrs/Ms/Rev/Other	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Street Number/PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone [daytime]	Mobile	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		

## 2. Authorisation

I, hereby provide third-party enquiry authorisation to each person listed.

Expire 24 months from date of signing OR  Until revoked in writing

Authorized person / Name of Financial adviser

Business Name

### Business Address

Street Name

Suburb/Town

State

Postcode

Authorized person's phone number

Email

Authorized person's signature:

Date

Please turnover to complete and sign this form

### 3. Authorisation

I, hereby provide third-party enquiry authorisation to each person listed.

Expire 24 months from date of signing **OR**  Until revoked in writing

Authorized person / Name of Financial adviser

Business Name

#### Business Address

Street Name

Suburb/Town

State

Postcode

Authorised person's phone number

Email

Authorised person's signature:

Date

### 4. Member Declaration


**I am aware that as a Christian Super member, I have free financial advice on my account by calling the membercare team on 1300 360 907**

Please ensure you understand this declaration before signing this form. If you require any assistance, please contact our Member Care Centre on 1300 360 907.

1. I am aware that I have access to free financial advice on my account through Christian Super on 1300 360 907.
2. I understand that I am enabling the listed authorities to obtain information about my Christian Super account for use in connection with my financial planning arrangements. My adviser will be sent details of my account.
3. I understand that this authorisation does not permit the listed authorities to make changes to or conduct transactions on my Christian Super account on my behalf.
4. I understand that this authority will remain in force for the full term elected or until I apply a revoke in writing.
5. I understand that by completing this form, any personal information collected about me may be used in accordance with the Christian Super Privacy Policy, which can be obtained at [christiansuper.com.au](http://christiansuper.com.au) or 1300 360 907.

Your Signature

Date

 **What ID can I use?** Your current driver's licence or passport OR Birth/Citizenship Certificate or Centrelink pension card AND a recent Centrelink, government or local council notice that contains your name and residential address.

**Who can certify?** A Justice of the Peace, police officer, judge of a court, or magistrate, notary public officer, Australia Post employee with more than 2 years continuous service, a registrar, deputy registrar of a court or an officer or authorised representative of an Australian Financial Services Licence (ASFL) holder, having 2 or more years of continual service with one or more licensees.

 **Return this completed form to Christian Super**

✉ Locked Bag 5073 Parramatta NSW 2124

 **For more info contact**

☎ 1300 360 907

🌐 [www.christiansuper.com.au](http://www.christiansuper.com.au)