

# Authority to Access Information



Once this form is complete, remember to sign and date it before returning it with a copy of your drivers licence or passport to:

**Australian Catholic Superannuation and Retirement Fund**  
**PO Box 656, Burwood NSW 1805**

✉ PO Box 656, Burwood NSW 1805

☎ 1300 658 776

🌐 www.catholicsuper.com.au

🐦 @AskAusCathSuper

@ fundoffice@catholicsuper.com.au

## 1 Select your account

I wish to allow information to be provided to my nominated third party pertaining to my:

Super account only    Pension account only    All my accounts

**i Important:** Choose (x) one option only

### **i Important**

Client ID or Members online login allows you access to our service via the internet. Ask us about setting up this convenient service.

## 2 Your current details

Client ID		Date of birth		Male	Female
1		D D M M Y Y Y Y		<input type="checkbox"/>	<input type="checkbox"/>
Title	Surname				
Given names					
Postal address					
Suburb				State	Postcode
Country					
Mobile			Home telephone number		
Email					

Form continues overleaf ▶



### 3 Details of who you would like to authorise to access your information

I hereby authorise the following person to access my information:

Title	Surname	
<input type="text"/>	<input type="text"/>	
Given names		
<input type="text"/>		
Relationship	Company	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Home telephone number	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		

**i** This authority will be valid for a period of 24 months from the date on which it is signed.

#### ! Take note

Don't forget to sign and date your form before sending it back to us.

### 4 Member declaration

I understand that by signing this form I am authorising a third party to access information on my account. I understand and acknowledge that:

- The third party cannot transact on my behalf;
- The third party can only access information on my account;
- Australian Catholic Superannuation holds no responsibility or liability in what the third party does with the information obtained on your account;
- The authority is valid for 2 years;
- To cancel the authority I must put my request to cancel in writing; and
- If this form is received by the Fund unsigned or incomplete, my request will not be processed.

Print full name (use BLOCK LETTERS)

Signature


Date

**PRIVACY STATEMENT:** By signing this form you consent to Australian Catholic Superannuation and Retirement Fund collecting and using your personal information to manage your superannuation and to comply with relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation. Your personal information may be disclosed to other parties, including the Trustee Board, the Fund's insurer and professional advisors, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit [catholicsuper.com.au](http://catholicsuper.com.au) or phone **1300 658 776**.

### Contact us

Please sign and date this form and return it to us:

 Australian Catholic Superannuation and Retirement Fund  
PO Box 656, Burwood NSW 1805

 (02) 9715 0090

For more information contact our helpful staff:

 1300 658 776

 [www.catholicsuper.com.au](http://www.catholicsuper.com.au)

 [fundoffice@catholicsuper.com.au](mailto:fundoffice@catholicsuper.com.au)

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