

# THIRD-PARTY AUTHORISATION

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

You will need to provide a certified copy of identification to process this authority.<sup>1</sup>

Forms should be supplied as a hard copy and mailed to Christian Super with certified identification. Unfortunately emails are unable to be accepted.



## YOUR PERSONAL DETAILS

Mr/Mrs/Ms/Rev/Other    Surname

Given Names

Date of Birth    Member Number  
   

**Address**  
 Street Number/PO Box

Street Name

Suburb/Town

State    Postcode    Contact Phone  
       

Email address

**<sup>1</sup>What ID can I use?**

Your current driver's licence or passport OR Birth/Citizenship Certificate, Medicare 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.



## AUTHORISATION

I, hereby provide third-party enquiry authorisation to each person listed. Each authority will expire 12 months from the date of signing.

Mr/Mrs/Ms/Rev/Other    Surname

Given Names

Business Name

**Business Address**  
 Street Name

Suburb/Town

State    Postcode    Authorised person's phone number  
       

**Authorised person's signature:**

Return this completed form to Christian Super

**Locked Bag 5073  
Parramatta NSW 2124**

For more info contact  
 Ph 1300 360 907  
 Fax 1300 367 828  
[helpdesk@christiansuper.com.au](mailto:helpdesk@christiansuper.com.au)  
[www.christiansuper.com.au](http://www.christiansuper.com.au)

Christian Super Pty Limited  
 ABN 065 040 619 AFSL No. 244117  
 as trustee of Christian Super  
 ABN 66 628 776 348

## AUTHORISATION

I, hereby provide third-party enquiry authorisation to each person listed. Each authority will expire 12 months from the date of signing.

Mr/Mrs/Ms/Rev/Other    Surname

Given Names

Business Name

**Business Address**

Street Name

Suburb/Town

State                      Postcode                      Authorised person's phone number

**Authorised person's signature:**

I am aware that as a Christian Super member I have access to free financial advice on my account by calling **1300 360 907**



## DECLARATION

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.

- I understand if I transfer the full balance of my Christian Super account to another super fund, any insurance entitlements I have through Christian Super will cease.
- I am aware that Christian Super Income Stream is available for me to access income in transition to retirement.
- I am aware that I have access to free financial advice through Christian Super.
- 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.
- 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.
- I understand that this authority will apply for 12 months unless cancelled earlier by me before then.
- 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 or 1300 360 907.

**Member Signature**

Date