

Third party authority

Please select which scheme(s) you are a member of and enter your member number(s):

<input type="checkbox"/> Accumulation Scheme member no.	<input type="checkbox"/> Retirement Scheme member no.	<input type="checkbox"/> Account-Based Pension Plan member no.	<input type="checkbox"/> Defined Benefit Scheme member no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use this form if you wish to provide authority to a third party, e.g. your financial planner.

Please use a black pen and CAPITAL letters or type directly into this form online, print it and send it to us. Use (*) to mark boxes.

Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) available at lgsuper.com.au/PDS

I. Your details

Date of birth Title, e.g. Ms

Given name/s

Family name

Email

Phone (home) Phone (work)

Phone (mob)

Postal address

No./Street

Suburb/Town State/Territory Postcode

Residential address select if same as postal address above

No./Street

Suburb/Town State/Territory Postcode

IMPORTANT

This authority will expire in 12 months or when a new authority is received, whichever is sooner.

2. Nominated Person/s

I hereby authorise:

Name 1

Name 2

Company

AFSL number

Address

Suburb/Town State/Territory Postcode

Phone

Email

Continued overleaf

IMPORTANT

If there are two nominations, both must sign.

2. Nominated Person/s - continued

Signature 1 of nominated person/s

Date

Signature 2 of nominated person/s

Date

Relationship to member

Attorney (Power of Attorney)

Accountant

Financial planner

Guardian

Trustee

Spouse

Family member

Other (please specify)

3. Your declaration

- I have fully read the important notes, the relevant PDS and/or Fact Sheet.
- I declare that the information provided is true and correct.
- I authorise the Trustee to release information about my account to the person/s nominated in **Section 2**.
- I understand that this authority will not allow the nominated person/s to alter my details or carry out any financial transactions on my behalf.
- I understand that this authority continues for 12 months from the date I sign this form unless revoked by me earlier in writing.
- I indemnify the Trustee against losses and liabilities incurred directly or indirectly as a result of this appointment.
- I have read the Privacy Collection Statement and understand how LGS will use the personal information provided on this form.

Signed

Date

Please return your completed form to:

Mail: Local Government Super
PO Box N835
Grosvenor Place NSW 1220

Email: info@lgsuper.com.au

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, LGS may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at lgsuper.com.au/privacy-policy or by calling us on 1300 LGSUPER (1300 547 873). It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321).

Enquiries: Phone: 1300 LGSUPER (1300 547 873), 8.30am–5.00pm, Monday to Friday Web: lgsuper.com.au