

Personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth: Male Female

Address:

Suburb: State: Postcode:

Contact email address:

Contact phone number: Mobile number:

2. Third party details

Third party name:

Third party organisation: (if applicable)

Relationship of third party to you: Financial adviser Legal representative
 Relative Other

If you have named an organisation, Vision Super may release information to any person from that organisation who is requesting information about you on behalf of the organisation or on behalf of the person you have named at the organisation.

3. Information that will be released

Once you have given your authorisation, Vision Super will release information about you and your superannuation entitlements to the third party nominated by you on this form. The third party can request information either verbally or in writing. The types of information that Vision Super will release under this authority are:

• Name, date of birth, address and contact details	• Your Vision Super member number
• Your Vision Super account balance or entitlement	• Information about beneficiaries that you have nominated
• Any salary information that Vision Super holds	• Investment choice information
• Information about contributions made into your account, including the amount, date/s received and the payer of the contribution	• Details about insurance, which may include sensitive information about your health (for example, where an exclusion on insurance cover relates to your health)
• The name of any employer associated with the account	• Details about any benefit payments made out of the account
• Details about any claim that you have made to Vision Super, including the type of claim and the current status of the claim and which may include sensitive information about your health	• Details about any correspondence sent or received

Vision Super will only release information to a third party verbally, and will not provide any information to a third party in writing. Vision Super will not release any copies of documents to a third party, however on the request of a third party Vision Super may reissue or issue documents or forms to a member.

4. Authorisation

I authorise the third party that I have named in Section 2 to have access to information about my Vision Super account.
 I understand that this authority will remain effective indefinitely, unless I choose to revoke it (a revocation must be given in writing).

Signature Date



F P R

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Phone 03 9911 3222

Regionals 1300 300 820

Fax 03 9911 3299

www.visionsuper.com.au

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the Local Authorities Superannuation Fund ABN 24 496 637 884