

# Suncorp Everyday Super™

## Authorised representative form (for individuals)



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Suncorp Portfolio Services Limited (Trustee)  
ABN 61 063 427 958, AFSL 237905, RSE L0002059

**Use this form if you want to appoint or remove someone to view, make changes or transact on your Suncorp Everyday Super account (an authorised representative)**



### Tips to help you complete this form

- Use a blue or black pen and write in CAPITAL letters
- Use an 'X' to mark answer boxes
- Complete all sections of the form and sign and date on the last page

### Have any questions?

If you'd like help completing this form, or if you have any questions, just call us on 1800 191 517. We'll be happy to help.

### Important information

You can give someone (either a person or an entity, like a company) the legal authority to make changes to your account. We call them 'authorised representatives'.

#### Things your authorised representative can do with your Suncorp Everyday Super account

Unless it's mentioned below, they can do everything you can do to the extent permitted by law, such as:

- Make additional contributions
- Request a withdrawal of your benefit (subject to preservation rules)
- Request a transfer of your benefits to another superannuation fund
- Request information about your account and copies of any documents provided by us in relation to it

#### Things your authorised representative can't do with your Suncorp Everyday Super account

- Request a cheque to be paid to someone other than you – this means any withdrawal requests will only be paid to you or to the bank account previously nominated by you†
- Change your address
- Appoint other authorised representatives
- Where they're your adviser, change any fees or charges or alter bank account details for withdrawals

#### Authorities if your authorised representative is an entity (eg a company)

- If it's a company, this authority extends to any of its directors or authorised officers
- If it's a partnership, this authority extends to all its partners

† We can only pay to a bank account in your name or a joint bank account of which you're one of the account holders

## Personal details

Suncorp Everyday Super account number

 (if known)

Title

Last name

Given name(s)

Date of birth

 /  / 

Daytime phone number

  

Alternative phone number

Email address

## Authorised representative's details – if they're a person

I'd like to appoint the following person as my authorised representative.

Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>			
Given name(s)	<input type="text"/>			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address - sorry we can't accept PO boxes.				
Street name and number	<input type="text"/>			
Suburb/Town	<input type="text"/>			
State	<input type="text"/>	Postcode	<input type="text"/>	
Daytime phone number	<input type="text"/>	<input type="text"/>	Alternative phone number	<input type="text"/>
Email address	<input type="text"/>			

## Authorised representative's details – if they're an entity (eg a company)

I'd like to appoint the following entity as my authorised representative.

Entity name	<input type="text"/>			
Full name of contact person	<input type="text"/>			
ABN (if a company)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street name and number or PO Box number	<input type="text"/>			
Suburb/Town	<input type="text"/>			
State	<input type="text"/>	Postcode	<input type="text"/>	
Daytime phone number	<input type="text"/>	<input type="text"/>	Alternative phone number	<input type="text"/>
Email address	<input type="text"/>			

## Authorised representative's signature and acceptance

I accept this appointment and agree to all its terms and conditions as set out in this form, disclosure documents (such as the current Suncorp Everyday Super Product Disclosure Statement, including all documents incorporated by reference), trust deed and other governing rules of the Suncorp Master Trust.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>						

## Remove existing authorised representative

Please complete the below if you'd like to remove an existing authorised representative on your Suncorp Everyday Super account.

I confirm I wish to remove the below authorised representative from my Suncorp Everyday Super account

Full name of authorised representative	<input type="text"/>
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## Your declaration and signature

By signing this form, I:

- Confirm the information I've provided on this form is true and correct
- Acknowledge the exercise of any of the powers by a person reasonably believed by the Trustee or its service providers to be my authorised representative or to be acting on behalf of my authorised representative, will be treated as if I had personally exercised those powers
- Acknowledge this arrangement will continue until I cancel the appointment in writing
- Agree the Trustee may cancel this facility or vary these conditions after giving me 14 days notice in writing
- Agree to release, discharge and indemnify the Trustee, other members of the Suncorp Group and its service providers from and against any claims, liabilities and expenses arising out of or in relation to my authorised representative
- Agree if I appoint an authorised representative I can't later claim that my authorised representative, or any person(s) appointed by me acting on behalf of my authorised representative, was not acting on my behalf

Signature  Date

Full name

## Where to send the form

Please send the completed form to Suncorp Everyday Super  
GPO Box 2585  
Brisbane QLD 4001