

Suncorp Employee Superannuation Plan Authorised representative form (for members)



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

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Please use this form if you want to authorise someone to make changes or transact on your Suncorp Employee Superannuation Plan account.

Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use a cross (X) to mark answer boxes
- Read the important information section below
- Complete all sections of the form and sign and date on the last page

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 1800 652 489

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

They can do everything you can do with your account to the extent permitted by law (except for the things mentioned below, 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

They can't:

- 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. 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
- 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

1. Personal details

Suncorp Employee Superannuation Plan account number	<input type="text"/>		
Title	<input type="text"/>		
Last name	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/>		
Daytime phone number	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

2. Authorised representative's personal details

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

If your authorised representative is a person:

Title

Last name

Given name(s)

Date of birth

If your authorised representative is an entity (eg a company)

Entity name

Contact person

ABN (if a company)

Street address

Suburb/Town

State Postcode

Daytime phone number Mobile

Email

3. 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 Suncorp Employee Superannuation Plan's current Product Disclosure Statement and Member Booklet), trust deed and other governing rules of the Suncorp Master Trust.

Authorised representative signature

Date

4. Member declaration and signature

- I confirm the information provided in this form is true and correct
- I acknowledge the exercise of any of the powers by a person reasonably believed by the Trustee (Suncorp Portfolio Services Limited) 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
- I acknowledge this arrangement will continue until I cancel the appointment in writing
- I agree the Trustee may cancel this facility or vary these conditions after giving me 14 days notice in writing
- I 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
- I 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

Member signature

Date

Please send the completed form and any required attachments to:

**Suncorp Employee Superannuation Plan
GPO Box 2585 (IPC: LS004)
Brisbane QLD 4001**

or fax to: 07 3002 3259