

## Authorised third party form

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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 an authorised third party

#### 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 13 11 55.

#### 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 'an authorised third party'.

#### What can an authorised third party do?

They can do everything you can do with your account to the extent permitted by law (except for the things mentioned below). Eg they can:

- Make additional contributions
- Change current and future investment strategies
- Request information about your account and copies of any documents provided by us in relation to it.

#### What can't an authorised third party 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
- Request a withdrawal or transfer of your benefit
- Appoint other authorised third-parties
- (where they're your adviser) change any fees or charges or alter bank account details for withdrawals.

#### Authorities if your authorised third party 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.

### Personal Details

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 phone number* <input type="text"/>
Email address*	<input type="text"/>	

\*mandatory field

## Authorised third party's details – if they're a person

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

Title

Last name

Given name(s)

Date of birth

Residential address – sorry we can't accept PO boxes.

Street name and number

Suburb/Town

State  Postcode

Daytime phone number\*  Mobile phone number\*

Email address\*

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

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

Entity name

Full name of contact person

ABN (if a company)

Street name and number or PO Box number

Suburb/Town

State  Postcode

Daytime phone number\*  Mobile phone number\*

Email address\*

## Authorised third party'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 Brighter Super Product Disclosure Statement, including all documents incorporated by reference), trust deed and other governing rules of the Suncorp Master Trust.

Signature  Date

Full name

## Remove existing authorised third party

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

I confirm I wish to remove the below authorised third party from my Suncorp Brighter Super account

Full name of authorised third party

## 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 third party or to be acting on behalf of my authorised third party, 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 third party
- Agree if I appoint an authorised third party I can't later claim that my authorised third party, or any person(s) appointed by me acting on behalf of my authorised third party, was not acting on my behalf.

Signature

Date    /    /

Full name

## Where to send the form

Please send the completed form to:



Suncorp Super  
GPO Box 2585  
Brisbane QLD 4001 Australia