

Application form – Licensee

Issued 27 May 2017

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

Use this form to authorise an employee to have access to your Suncorp Superannuation online account

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 between 8am and 6pm (Eastern Standard Time) Monday to Friday.

Licensee details

Please note that on processing this application form, your account details may be updated (where applicable) with the information that you have provided in this section.

Licensee's name*	<input type="text"/>	
AFSL number*	<input type="text"/>	
Address	<input type="text"/>	
Suburb	<input type="text"/>	
State	Postcode	<input type="text"/>
Business phone	<input type="text"/>	
Mobile phone number*	<input type="text"/>	
Email address*	<input type="text"/>	

Suncorp Superannuation online account access authorisation

If you would like to provide access to more than 3 people, please photocopy this section and attach the additional sheets to this form.

I/We authorise the following employee(s) to have access to Suncorp Superannuation.

Title*	Given name(s)*	<input type="text"/>	
Last name*	<input type="text"/>		
Position	Business phone	<input type="text"/>	<input type="text"/>
Mobile phone number*	<input type="text"/>		
Email address*	<input type="text"/>		

*mandatory field

Declaration

I/We acknowledge that:

- I/We agree that the information provided on this form is correct and is signed on behalf of the licensee by its authorised representative(s).
- I/We have read and agree to be bound by the Terms of Use & Privacy Policy found on the Suncorp website at suncorp.com.au/super.
- I/We authorise the employees listed on this form to access Suncorp Superannuation on behalf of the licensee.
- I/We accept that I/We are responsible for the conduct of that employee or employees when accessing Suncorp Superannuation.
- I/We will promptly advise Suncorp of any changes in details or circumstances that would affect the provision to me or any employees of the licensee to Suncorp Superannuation, or in the event that I/We become aware of any errors in the Commission Statements.

Signature

Please print name

Date / /

Signature

Please print name

Date / /

Signature

Please print name

Date / /

Where to send the form

Please send the completed form and any required attachments to:



Suncorp Super
GPO Box 2585
Brisbane QLD 4001 Australia



super@suncorp.com.au