



## Application form – Licensee

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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 Suncorp Brighter Super**

### 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.

## 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	<input type="text"/> Postcode <input type="text"/>
Business phone	<input type="text"/>
Mobile phone number*	<input type="text"/>
Email address*	<input type="text"/>

## Suncorp Brighter Super 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 Brighter Super.

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

\*mandatory field

## Suncorp Brighter Super access authorisation - continued

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

\*mandatory field

## Bank account details for commission payments

Please make all fee and commission payments into the following account.

Account name	<input type="text"/>		
Name of Australian financial institution	<input type="text"/>		
Branch name or address	<input type="text"/>		
Branch BSB	<input type="text"/>	Account number	<input type="text"/>

We can only transfer funds to an account in your name or a joint account of which you're one of the account holders.

## 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](http://suncorp.com.au/super).
- I/We authorise the employees listed on this form to access Suncorp Brighter Super and the Online Commission Statements on behalf of the licensee.
- I/We accept that I/We are responsible for the conduct of that employee or employees when accessing Suncorp Brighter Super.
- 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 Brighter Super, or in the event that I/We become aware of any errors in the Online 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