

Suncorp Superannuation Authorised third party form

Issued 01 April 2022

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 between 9am and 5pm (Australian Eastern Standard Time) Monday to Friday on:

- Suncorp Brighter Super - 13 11 55
- Suncorp Everyday Super - 1800 191 517
- Suncorp Employee Superannuation Plan - 1800 652 489
- Overseas calls - +617 3362 1795

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:

- Transact via your online 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. 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" value="DD / MM / YYYY"/>		
Daytime phone number*	<input type="text"/>	Mobile phone number*	<input type="text"/>
Email address*	<input type="text"/>		
	<input type="text"/>		

Authorised third party's details - if they're a person

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

Title	<input type="text"/>
Last name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>

*mandatory field

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 applicable Product Disclosure Statement, including all documents incorporated by reference), trust deed and other governing rules of the SPSL Master Trust.

Signature:	
Date:	DD / MM / YYYY
Full name:	

Remove existing authorised third party

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

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

Full name of authorised third party	
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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 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 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:	DD / MM / YYYY
Full name:	

Where to send the form

Please send the completed form to:

Mail: Suncorp Super
GPO Box 2585
Brisbane QLD 4001
Email: super@spsl.com.au