

## Authorised Representative

You may use this form to authorise another person to:

- make enquiries about your Maritime Super membership
- receive information about your Maritime Super membership; and
- advise changes to your address.

Your authorised representative will **not** be able to request or receive payment of your benefit, change your bank account details for pension payments or switch your investments. Only you or a person who holds your Power of Attorney or is your Guardian under a Guardianship Order can do this. You may only nominate a person, not a company, as your authorised representative.

Complete, sign and return this form by **fax to (02) 9261 3683 or (03) 9686 0377**.

Alternatively, you may post this form to Maritime Super, Locked Bag 2001, QVB Post Office NSW 1230.

### Your Personal Details

Membership Category

Stevedores division

Seafarers division

Maritime Super division

Member Number

Title (Mr/Mrs/Ms/Miss etc)

Gender

Male

Female

Surname

Given Names

Postal Address

Date of Birth

 /  / 

Phone Number

Email Address

### Details of your Authorised Representative

Surname

Given Names

Phone Number

Company (if applicable)

Address

Relationship to Member

Date of Birth

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I have read and accept the *Privacy Information and consents* (below) and consent to collection and use of my personal information as noted.

Authorised Representative's Signature

Date

 /  / 

### Member's Declaration

I confirm that I have read and accept the *Privacy information and consents* (below) and authorise the person named above to act as my representative in relation to my membership of Maritime Super. I release and indemnify Maritime Super Pty Limited (the Trustee) and the administrator, Maritime Financial Services Pty Limited (MFS), from and against all liability suffered by me, the Trustee and MFS in respect of any act or omission by my authorised representative, whether authorised or not. I understand that:

- my authorised representative will not be able to transact on my Maritime Super membership and will not be able to provide authorisation to withdraw benefits, change my bank account details or switch my investments;
- my authorised representative will be able request and receive information about my Maritime Super membership
- my authorised representative can advise Maritime Super of changes to my address; and
- I must give the Trustee 7 days notice in writing to cancel my authorised representative nomination.

Member's Signature

Date

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### Privacy information and consents

Personal information is collected from or in respect of you to enable Maritime Super to administer your (or the member's) benefits. If you do not supply the required information, we may not be able to do so (and may be unable to action your requests). We may disclose this personal information to a number of parties, such as the administrator of the Fund, your (the member's) employer(s), Maritime Super's professional advisers, insurer(s) and service providers, as required by law and/or as authorised by you. You may be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access or have a complaint, please contact Member Services on 1800 757 607.