

Continuing Power of Attorney Validity form

Complete this form each time you issue instructions based on the member's account.

▶ Member details

Member Number	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth		
<input type="text"/>		

▶ Power of Attorney declaration

I confirm that this Power of attorney dated / / is still valid and still in force and effect.

Additionally I confirm the following:

- The member is not deceased; and
- The abovementioned Power of Attorney has never been amended or revoked.

Attorney's Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>



Return this completed form by:

EMAIL

info@maritimesuper.com.au

FAX

(02) 9261 3683

POST

Maritime Super
Locked Bag 2001
QVB Post Office NSW 1230

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