

### Authorise ESI Super to provide information about your superannuation account/s in ESI Super to an individual or organisation.

Use this form if you want to authorise ESI Super to release personal information in all your accounts in ESI Super to a third party individual or organisation.

This could be to:

A financial representative (complete section A),

OR

A personal representative (complete section B)

**Please note: As the authorising person, you need to complete the sections in this form detailing who you wish to access your personal information. Then sign and return this form to ESI Super.**

### ■ Your personal details

ESI Super member number:  Client number:

Surname:  Title: Mr  Mrs  Ms  Miss  Dr

Given names:  Date of birth: (DD/MM/YYYY)  /  /

Residential address:

State:  Postcode:

Postal address:

State:  Postcode:

Daytime telephone number:

Email:

**Turn this page over to side 2 and complete section A or B nominating who you are authorising to have access to your personal information. You must also sign and date the consent section to validate this authority.**

## ■ Part A – Financial representative

Organisation's name:

Individual's name:

Relationship:  Financial adviser  Solicitor  
 Accountant/tax adviser  Other (please specify):

This authority to release personal information in your super accounts applies to (please tick one):

Only the individual named  Any representative of the organisation.

Address details:

State:  Postcode:

Representative's ABN:  AFSL number (if applicable):

Telephone (work):  Email:

## ■ Part B – Personal representative

Surname:  Title: Mr  Mrs  Ms  Miss  Dr

Given names:  Date of birth: (DD/MM/YYYY)  /  /

Postal address:

State:  Postcode:

Daytime telephone:

Relationship to (e.g. spouse, son, mother etc):

Email:

**Please note:** When providing personal information to your nominated representative as authorised in this form, ESI Super cannot accept responsibility for how the representative treats or uses the information obtained.

## ■ Your consent

I hereby authorise ESI Super to provide information related to my superannuation account/s to the financial or personal representative listed above in Parts A or B of this form. This information will be provided on either their verbal or written request. I understand that this authority will remain valid until I revoke it in writing to ESI Super.

Applicant's signature:  Date (DD/MM/YYYY):  /  /

Please return this completed form by mail to:

**ESI Super, GPO Box 959 Brisbane QLD 4001**

More information – Call **1300 363 240**. Email [super@esisuper.com.au](mailto:super@esisuper.com.au) or visit [esisuper.com.au](http://esisuper.com.au)

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Electricity Supply Industry Superannuation (Qld) Ltd (ABN 30 069 634 439 AFSL 336567) who is the Trustee for the Electricity Supply Industry Superannuation Fund (Qld) (ABN 33 761 363 685)