

Authorised representative

Complete 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 cannot request or receive payment of your benefit, change your banking details 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 can only nominate a person, and not a company, as your authorised representative.



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

▶ Member's details and declaration

Member Number	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address		
<input type="text"/>		
Date of birth	Daytime phone number/mobile number*	Email address*
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

* By providing your email address or mobile number, you consent to receiving electronic communications from Maritime Super.

I confirm that I have read and accept the privacy statement and authorise the person named below to act as my representative in relation to my Maritime Super membership. I release and indemnify Maritime Super Pty Limited (the Trustee) and the administrator, Maritime Financial Services Pty Limited, 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 cannot transact on my account and cannot 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 seven days notice in writing to cancel my authorised representative nomination.

Signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

▶ Authorised representative's details and declaration

Surname	Given names	Relationship to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		
<input type="text"/>		
Postal address (if different from above)		
<input type="text"/>		
Date of birth	Daytime phone number/mobile number	Email address
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

I have read and accept the privacy statement below and consent to collection and use of my personal information as noted.

Signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Privacy statement: Maritime Super collects your personal information to effectively administer your superannuation account and respond to your requests. The Fund takes all reasonable steps to protect your privacy and the confidentiality of your personal information but may disclose your personal information to other parties, such as the Administrator, insurers, service providers, or as required by law. The Trustee and Maritime Financial Services Pty Limited (MFS) (the Administrator) are bound by the 'Australian Privacy Principles' prescribed in the Privacy Act 1988 which regulate how the Trustee and MFS may collect, use and disclose members' details. Information about how Maritime Super uses and discloses the personal information that you provide is contained in the Trustee's Privacy Policy. To access this Policy visit the website at www.maritimesuper.com.au or to access your personal details call Member Services on 1800 757 607.