

AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY



Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed form to **Super SA**.

1. Personal Details

Account ID

10 digit account ID input fields

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (M)

(W)

(H)

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcement, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

2. Member Authority

I _____

(Member's name in full)

authorise Super SA to provide:

Third Party Name

Address

Telephone* (M)

(W)

Email*

Date of birth / /

Or their representative

Organisation

Email*

Telephone*

with information regarding my super entitlements. I understand that this authorisation will be effective for 2 years, unless revoked in writing by me before that time.

Signature: **X**

Date: / /

Contact Us

In person:

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal: GPO Box 48, Adelaide, SA 5001

Call: (08) 8207 2094 or 1300 369 315 (for regional callers)

Fax: (08) 8115 1296

Email: supersa@sa.gov.au

Website: www.supersa.sa.gov.au



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