

PARLIAMENTARY  
SUPERANNUATION  
SCHEME  
AUTHORITY TO RELEASE  
INFORMATION TO A  
THIRD PARTY  
Form

Please complete all the details on this form in **BLOCK LETTERS** and return the signed original to Super SA.

## 1. PERSONAL DETAILS

Mr  Ms  Miss  Mrs  Dr  Prof

Surname \_\_\_\_\_

Given name(s) \_\_\_\_\_

Residential address \_\_\_\_\_

Postcode \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth / / \_\_\_\_\_

Super ID \_\_\_\_\_

Email \_\_\_\_\_

Telephone **WORK** \_\_\_\_\_

**HOME** \_\_\_\_\_

**MOBILE** \_\_\_\_\_

## 2. MEMBER AUTHORITY

I \_\_\_\_\_  
(Member's name in full)

authorise Super SA to provide \_\_\_\_\_

\_\_\_\_\_ (Third party's name)

(or their representative) of \_\_\_\_\_

Organisation

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

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Contact details

**Telephone** (08) 8226 9839

**Website** [www.supersa.sa.gov.au/parliamentary\\_super](http://www.supersa.sa.gov.au/parliamentary_super)

**Mail** GPO Box 48  
Adelaide  
SA 5001

**Visit** Ground Floor (enter from Pulteney Street)  
151 Pirie Street  
ADELAIDE SA 5000