



# Authority for your financial adviser to access your information

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

- + Provide a clear copy of your photo ID as your signature must be verified.
- + To find out about the collection, use and disclosure of your personal information visit [mine.com.au/your-privacy](http://mine.com.au/your-privacy)
- + This authority is valid for two years from the date you and your financial adviser sign this form. After this two year period, you'll need to fill in another authority.
- + Once we receive this authority, it will take at least two business days for us to note this on your account.
- + Make sure you and your financial adviser complete the form in full, including signing the form in section 5.

**1. Your personal details**

Member number  
 .....

Mr  Ms  Mrs  Miss  Dr  Other       Male  Female

Given names

Surname       Date of birth (DD-MM-YYYY)   -   -

Residential address

Suburb       State         Postcode

Postal address. If the same as your residential address, mark 'X' in this box

Suburb       State         Postcode

Mobile phone       Home phone       Work phone

Preferred email       Other email

Turn over to finish filling out this form...



## 2. Authority for access

I authorise for all relevant information regarding investments, insurances, superannuation, bank accounts or other financial information be released, upon request, to:

Adviser name\*

Australian Financial Services representative number

Authorised representative of

Australian Financial Services License (AFSL) number

Address

Suburb

State

Postcode

Phone

Adviser's email

\*The adviser named above certifies this information will be used only for preparing financial planning services for the above mentioned client.

## 3. Details of where original authority will be kept

Please accept an email of this form, as the original will stay on file, at:

Business name

Business ABN

## 4. Authority to release information includes the following administration staff:

Name

Role

Name

Role

## 5. You and your adviser's signature

Your full name (please print)

 If you haven't already, attach a copy of your photo ID

Your signature

Date (DD-MM-YYYY)

 -  - 

Adviser signature

Date (DD-MM-YYYY)

 -  - 

When complete return this form to us by:

**Post** Mine Super  
Locked Bag 2020, Newcastle NSW 2300  
**Fax** 02 4962 3469  
**Email** help@mine.com.au