



Authority to access information

Use this form to to give permission for a family member, financial adviser or other third party 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.

- + If you make a mistake when filling out the form, cross it out and initial the change.
- + This authority doesn't allow anyone access to your online member account. This information can only be provided to you.
- + This authority will be valid for two years from the date you sign this form. After this, you'll need to complete a new authority.
- + This authority will not be valid after you pass away.
- + For your authority to be valid, make sure you complete the form in full, including signing the form in section 3 and attaching a clear copy of your photo ID so we can verify your signature.

1. Your personal details

Member number
.....

Mr Ms Mrs Miss Dr Other Male Female

Full name Date of birth (DD-MM-YYYY) - -

Residential address

Suburb State Postcode

Email address

2. Authority for access

What information do you wish to give your nomination access to? **Select all that apply.**

investments insurances super

bank accounts other financial information medical information

I authorise that all information relating to my selection above can be released upon request, to:

Full name

Date of birth (DD-MM-YYYY) (for authorised person) Phone number (for authorised person)

Representative of / Company name* Australian Financial Services (AFS) Licence number*

ABN*

*Complete these fields if you'd like to give a financial adviser access to your information. If you'd like to give access to multiple people, please list their names and role on page 2 of this form.

To authorise that all information relating to your selection above be release to additional people, please write their details in section 3.

Turn over to finish filling out this form...

3. Your declaration

 Please attach a copy of your photo ID (driver's licence, passport, proof of age card).

Signature (member)



Date (DD-MM-YYYY)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authority to release information includes the following additional people:

I authorise that all information relating to my selection above can be released, upon request, to:

Full name	<input type="text"/>	Role/Relationship	<input type="text"/>
Full name	<input type="text"/>	Role/Relationship	<input type="text"/>
Full name	<input type="text"/>	Role/Relationship	<input type="text"/>
Full name	<input type="text"/>	Role/Relationship	<input type="text"/>
Full name	<input type="text"/>	Role/Relationship	<input type="text"/>
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Full name	<input type="text"/>	Role/Relationship	<input type="text"/>
Full name	<input type="text"/>	Role/Relationship	<input type="text"/>
Full name	<input type="text"/>	Role/Relationship	<input type="text"/>

Information provided to advisers should only be used for preparing financial planning services for the mentioned client. Your information is handled in line with Australian Privacy Principles under the Privacy Act 1988. To find out more about the use and disclosure of your personal information visit mine.com.au/your-privacy



When complete return this form to us by:

Post Mine Super
Locked Bag 2020, Newcastle NSW 2300
Email help@mine.com.au