

Account authority

(for members under 16 years of age)



S U P E R

Step 1: Personal details (of the member under 16 years)

Account number*

Member number

Title

Date of birth*

First name*

Middle name

Last name*

Home address (must not be a PO Box)

Suburb

State

Postcode

Step 2: Personal details of the nominated authority

Title

Date of birth* (DD-MM-YYYY)

First name*

Middle name

Last name*

Suburb*

State*

Postcode*

Mobile number*

Daytime contact number

C5T /GS094.453 13.923 16.758 re S 4186.758 re S 4186.758

Step 3: Read our privacy information

The personal information provided on this form is collected and held by Aware Super, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts, assessing claims and providing services associated with fund membership. For further information about how personal information is handled, please call us on 1300 650 873 or visit aware.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

Step 4: Declaration

I hereby declare that:

- All information supplied in this document is accurate and complete.
- I am a parent, guardian or legal personal representative of the named member.
- I understand that only an account nominee has authority over a member's account until the member reaches the age of 16.
- I understand that the member is deemed to have authority over this account once they reach the age of 16 and this authority will cease to have effect from this time.
- I understand that if I make a request to withdraw, switch or transfer the member's benefit under this authority, I must provide a certified copy of a document which evidences my relationship with the member (unless already provided) e.g. their birth certificate.
- I understand that I cannot make a binding death benefit nomination on behalf of the member under this authority.
- I understand that the trustee has absolute discretion over the payment of death benefits, guided by superannuation law.
- I understand that the monies in the account will be preserved and the member must meet a condition of release to have access to the account.
- I have read, understood and accept the Aware Super privacy policy.

Signature*

Date signed* (DD-MM-YYYY)

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Please sign and



Post the form to this address.

Step 5: Where to post your completed form

Please post the completed form to:

Aware Super
GPO Box 89
MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on 1300 650 873.