Australian Government

Commonwealth Superannuation Corporation

AUTH 08/23

Nominate a Third Party Authority

When to use this form

You can use this form to provide a third party representative with permission to enquire or act on your behalf (subject to limitations).

A representative with **permission to enquire** can ask questions about your superannuation account. This can include queries about your account balance, your benefit/s and the status of any claims, reviews or other requests.

A representative with **permission to act** can enquire (as above). They can also:

- act on your behalf in dealings with CSC; and
- submit information to CSC on your behalf, convey instructions to CSC relating to your superannuation account and any claims you have—subject to any limitations you include below.

! Your representative is required to act in your best interests.

A representative appointed using this form **cannot:**

- sign documents on your behalf;
- make a beneficiary nomination;
- request a benefit payment;
- request to make an investment switch; or,
- make any changes to your account, such as updating contact details or bank details.

You can have **more than one** representative **permitted to enquire** on your behalf. You can **only have one** representative **permitted to act** on your behalf.

! This form is only for members who have the legal capacity to manage their affairs. If a member is unable to manage their affairs, contact us at csc.gov.au/Contact-us.

Financial advisers, accountants and solicitors can use this form or submit their own form (signed by the member). Solicitors can alternatively submit a representation letter advising of their authority to act.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a ✓ or ✗ then fill out the next question or section.

Privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/privacy/

The information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397

Commonwealth Superannuation Scheme ABN: 19 415 776 361 RSE: R1004649

Military Superannuation and Benefits Scheme ABN: 50 925 523 120 RSE: R1000306

Public Sector Superannuation accumulation plan ABN: 65 127 917 725 RSE: R1004601

Defence Force Retirement and Death Benefits Scheme ABN: 39 798 362 763

Public Sector Superannuation Scheme ABN: 74 172 177 893 RSE: R1004595

Commonwealth Superannuation Corporation retirement income

Australian Defence Force Superannuation ABN: 90 302 247 344 RSE: R1077063

A Members details

What scheme* are you a member of?

Defined Benefit

☐ PSS ☐ CSS ☐ MSBS ☐ DFRDB ☐ ADF Cover

Accumulation Account

☐ ADF Super ☐ PSSap ☐ CSCri

***Please note:** This information can be found on your latest Annual Statement.

Member number
(Note: This number can be found on your latest Annual Statement)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Name

GIVEN NAME(S)

SURNAME

Date of birth D D / M M / Y Y Y Y

Your postal address

SUBURB STATE POSTCODE

Residential address

SUBURB STATE POSTCODE

Email address

@

Phone numbers

BUSINESS HOURS AFTER HOURS

MOBILE NUMBER

☐ Update my superannuation account with contact details above (**members only**)

B Representative details

My representative is a

☐ Financial Adviser ☐ Accountant ☐ Solicitor

☐ Family member ☐ Professional Advocate

☐ Other (please specify)

Representative name

GIVEN NAME(S)

SURNAME

Section B continued on next page

Postal address

SUBURB | STATE | POSTCODE

Email address

@

Phone number

HOME PHONE | MOBILE NUMBER

If your representative is an organisation or representing you as part of their role with an organisation, **you must complete** additional details below:

Organisation name

Organisation Australian Business Number (ABN)

This field is mandatory

This authority is for ☐ any representative of the organisation **OR** ☐ only the named individual

If your representative is a financial adviser, you must also complete the section below:

Australian Financial Services Licence number

This field is mandatory

Authorised Representative Number of representative

This field is mandatory

C Authority–select one option only

My representative is

☐ permitted to enquire

☐ permitted to act generally

By selecting this option you are authorising your representative to act on your behalf in all dealings with CSC (subject to limitations listed on page 1).

☐ permitted to act in relation to the following (please specify instructions for what your representative can and can not do.):

D Communication

If you are providing your representative with permission to act, where possible, we will communicate with your representative as your primary point of contact. You should however note the following:

- we will continue to send general communication and scheme updates to you;
- there may be times where CSC needs to contact you directly and not through your representative; and
- we may need to contact you directly if we can't get hold of your representative or your representative is unresponsive.

If you would like a different communication arrangement, contact us at csc.gov.au/Contact-us.

E How long do you want this third party arrangement to last?

From D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

(only specify an end date if applicable)

You can change your permissions or cancel the third party arrangement at any time, unless you have lost legal capacity.

To change or cancel your third party arrangement, contact us at csc.gov.au/Contact-us.

! If you already have a third party arrangement in place for a representative to **act on your behalf**, this appointment will automatically cancel the existing arrangement with CSC.

CSC may review your third party arrangement from time to time. This is to ensure you are happy with the arrangement and that your representative is fulfilling their responsibilities. If you believe your representative arrangement is being misused, contact us at csc.gov.au/Contact-us.

F Authorisation

I authorise CSC to deal with the person or organisation named on this form according to the arrangement shown on this form.

Sign

SIGNATURE

Date signed D D / M M / Y Y Y Y

G Returning this form

Return your completed form via email to:

CSS, **PSS**, **DFRDB**, **MilitarySuper** and **ADF Cover** members:
formsandapplications@csc.gov.au

ADF Super members:
formsandapplications@adfsuper.gov.au

PSSap members:
formsandapplications@pssap.com.au

CSCri members:
formsandapplications@cscri.com.au

! Please email this form to the correct area to ensure it is actioned ASAP.
Your scheme details can be found on your Annual Statement.

End Form

Need more information?

For more information and your scheme contact details visit www.csc.gov.au/Contact-us