

Third party complaint authority form

For Super and Pension members

Please use **BLOCK LETTERS** and **black ink**.

Important: If you make any amendments or corrections on the form due to an error, please acknowledge the changes by putting your initials and date on where the changes have occurred, otherwise the application will be invalid.

Send your completed form to:

Australian Ethical Super, GPO Box 8,
GPO BOX Centre , Sydney , NSW, 2001

Or login to the member portal at
australianethical.com.au/login and upload the
completed forms under the 'Contact Us' tab.

Information authority

Complete this form if you want to authorise another person to act on your behalf in relation to a complaint. This form can only be used for the nominated person to receive information about:

- 1) a current complaint
- 2) lodging a complaint on behalf of a member

The authorisation is not effective until we receive this completed form, and will remain effective until you revoke or change your authority.

The nominated person will not be authorised to change your personal contact details, give any instructions or carry out transactions on your behalf, including (but not limited to) switching investment options, making contributions, requesting a rollover or making lump sum withdrawals. Personal information such as your tax file number and bank account details will not be released to the nominated person under any circumstances.

Declaration: I understand once Australian Ethical receives the completed form, they will provide my nominee (indicated in Step 2), with information (oral, written or electronic) in relation to my Australian Ethical Super and/or Pension account as if the request was made by me.

Step 1: Personal details

Member number

Date of birth (DD/MM/YYYY)

Full given name(s)

Surname

Phone Number

Email

Address

Suburb

State

Postcode

Country

Step 2: Third Party Complaint Authority - Nominee details

Full given name(s)

Surname

Date of birth (DD/MM/YYYY)

Email

Phone Number

Company name (if nominated person is your accountant)

Address

Suburb

State

Postcode

Country

Step 3: Relationship to member

☐ Attorney (under a Power of Attorney)

☐ Accountant

☐ Guardian

☐ The Public Trustee

☐ Spouse or family member

☐ Union representative

☐ Other (please specify)

Step 4: Authorisation and declaration

By signing this section of the form I am making the following declaration:

- I declare that the information I have provided on this form is true and correct.
- I understand that Australian Ethical may provide my personal information and information relating to my Australian Ethical Super and/or Pension account to the nominee on this form when requested by the nominee.
- I authorise the nominated person to act on my behalf in relation to my complaint to Australian Ethical.
- I understand the nominated person will not be authorised to change my personal contact details, give any instructions or carry out transactions on your behalf, including (but not limited to) switching investment options, withdrawing and/or making additional investments. I understand Australian Ethical may still need to contact me should it be necessary in order to investigate a complaint.
- I understand that this nomination will remain in effect until the complaint has been resolved to my satisfaction.
- I authorise Australian Ethical to address all correspondence relating to a complaint to my nominated person.
- I agree to give Australian Ethical notice if I wish to change or revoke this authority. I agree that Australian Ethical is not responsible or liable for any loss or delay which results from Australian Ethical providing information to my nominee.
- I understand once Australian Ethical receives the completed form, they will provide my nominee (indicated in Step 2), with information (oral, written or electronic) in relation to my Australian Ethical Investment account as if the request was made by me.
- agree to release, discharge and indemnify Australian Ethical from and against all actions, claims, demands, expenses and liabilities (however they arise) suffered by myself or suffered by or brought against Australian Ethical, in respect of the information given by Australian Ethical to my nominee.
- I understand that Australian Ethical may require my bank account details in event that I receive an ex-gratia payment. I direct the nominee (indicated in Step 2) to provide these details accordingly.

Step 4: Authorisation and declaration

Privacy collection notice

Personal information is collected by and held for Australian Ethical by its administrator in accordance with the Privacy Act 1988 (Cth), for the purpose of administering accounts, providing services associated with those accounts and may be used for marketing and research purposes. Without this information we would not be able to provide our services to you. You can opt out of receiving marketing material at any time by calling us or notifying us by email. Your personal information may be disclosed to third party service providers (some of which may be located overseas) or otherwise as permitted by law. For further information about how personal information is handled, our complete privacy policy can be viewed at australianethical.com.au/privacy-policy (a hard copy of the policy can be provided on request). You can also contact us at privacy@australianethical.com.au for any queries.

Member signature

I have read, understood and agree to the above declaration.

- ❗ Please note if you are using an electronic signature, this must be signed using OneSpan, DocuSign, Annature or Adobe Acrobat Sign, and the forms will need to be accompanied by a time-stamped certificate.

Signature

Nominee signature

Member's full name (please print)

Nominee's full name (please print)

Date form signed (DD/MM/YYYY)

Date form signed (DD/MM/YYYY)

- ❓ If you have any questions, please contact Australian Ethical Super on 1800 021 227.