

Please read before completing

Please complete this form if you wish to authorize Australian Military Bank to provide your account information and/or documents to your nominated representative

- Use blue or black pen only.
- Please use BLOCK letters.
- Please place an X in boxes where required.

Where to send the completed forms:

Post: PO Box H151 Australia Square NSW 1215

1. MEMBER DETAILS

Superannuation Member Number

Title Given Name(s)

Surname or family name

Date of Birth

Residential/Postal address

Suburb

State

Postcode

Email address

Contact Number

2. NOMINATED REPRESENTATIVE**NOMINATED REPRESENTATIVE 1**

Title Given Name(s)

Surname

Residential Address

Suburb/Town

State

Postcode

Date of Birth

Contact Number

Relationship

Company name (if applicable)

NOMINATED REPRESENTATIVE 2

Title Given Name(s)

Surname

Residential Address

Suburb/Town

State

Postcode

Date of Birth

Contact Number

Relationship

Company name (if applicable)

3. PRIVACY STATEMENT

Please read this Privacy Statement to see how Australian Military Bank uses your personal information:

Australian Military Bank (ABN 48 087 649 741) of (PO Box H151 Australia Square NSW 1215), collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you and sometimes from third parties. We will only share your PI where necessary to perform our activities with our, service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to www.australianmilitarybank.com.au or call us on 1300 13 23 28.

5. DECLARATION

By signing this Third Party Authority Form I:

- Authorise Australian Military Bank and its representatives to provide the nominated representative in section 2 with information and/or documentation they request about your Capital Guaranteed Super/Pension account
- Understand Australian Military Bank may do some checks to confirm the identity of the nominated representative in section 2 prior to disclosing any information.
- Acknowledge that Australian Military Bank and its representatives are not responsible for any loss and/or liabilities which may result from Australian Military Bank providing information to my nominated representative.
- Confirm that the nominated representative on this form will replace any existing third party nomination
- Acknowledge that I can revoke this Authority at any time in writing to Australian Military Bank

Full Name

Signature

 Date / /

WHAT TO DO WITH THIS FORM

Please post this form and supporting documents to the following address:

Australian Military Bank Capital Guaranteed Super PO Box H151, Australia Square NSW 1215

or Email: super@australianmilitarybank.com.au