

Third party authority form

Use this form to authorise the Mercer Super Trust (MST) to provide information about your MST account(s) to your nominated Authorised Representative(s).

This form can be completed digitally or by hand with a black or blue pen in uppercase with one character per box.

If you need help

For assistance or to access the Privacy Policy and your personal information call the Helpline on **1800 682 525**.

Step 1: Complete your personal details

Title: Mr Mrs Ms Miss Other Date of birth / /

Given names

Surname

Residential address

Suburb State Postcode

Postal address (if different to above)

Suburb State Postcode

Telephone number - Mobile number

E-mail

Account/Membership number

Plan/Product name

Name of employer

- (Select one option only)
- This third party authority is valid for 12 months only.
 - This third party authority is valid for 24 months.

If nothing is selected, TPA will lapse within 24 months of your signature. You can withdraw your authority at anytime by informing us in writing.

Your privacy is important to us

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and related companies. Call the Helpline if you do not want to receive marketing material.

You can read our Privacy Policy online at mercer.com.au/privacy.html or you can obtain a copy by calling the Helpline.

We may not be able to manage your superannuation if you do not provide the personal information we request.

We may sometimes collect information about you from third parties such as your Employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations to manage your super, including your Employer; the fund's administrator; our professional advisors; insurers; our related companies which provide services or products relevant to your super; any relevant government authority that requires your personal information to be disclosed; and our other service providers that help manage your super.

To manage your super, your personal information will be disclosed to service providers in another country, most likely at our administrator's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy includes more details about how we deal with your personal information and who you can talk to if you wish to access and/or correct information we hold about you. The policy also includes details about how you may lodge a complaint about the way we have dealt with your information and how we will handle that complaint.

Call the Helpline or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001 if you have any other queries about privacy issues.

Step 2: Declaration by Authorised Representative

- I declare that I hold a current AFSL OR I am a representative or an authorised representative nominated to act on behalf of a holder of a current AFSL, and
- I release and indemnify the Trustee and any member of the Mercer group from and against all demands, actions, proceedings, losses, liabilities and costs arising directly or indirectly out of or in connection with any withdrawal instructions provided under this authority, and
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation.

Full name of Authorised Representative*

Full name(s) of additional Authorised Representative(s)

Authorised Representative email address*

Company name

Licensee name

AFSL number

ASIC Financial Adviser number*

Signature of Authorised Representative*

Date

*Mandatory fields

Please keep a copy of this form for your records and return your completed form to Mercer Super Trust, GPO Box 4303, Melbourne, VIC, 3000 or email a scanned copy to MST@mercer.com.

Step 3: Member declaration and authorisation

By signing this Third Party Authority Form I request and consent to give the Authorised Representative(s) nominated in step 2 access to my account details and I understand that:

- once access is granted, my Authorised Representative(s) and/or their staff will be able to obtain relevant information and to monitor my account on my behalf, and
- I may withdraw a Authorised Representative's access at any time by sending the MST a written notice. The withdrawal or change will take effect by the fifth business day after the day on which we receive your written notice, and
- I understand that this authority does not allow the Authorised Representative to change my details or carry out any transaction on my behalf, and
- I acknowledge that the MST is not responsible for any loss or/and liabilities which may result from the MST providing information to my Authorised Representative(s), and
- I consent to my information being collected, disclosed and used in the manner set out in this form, and
- to the best of my knowledge, the information I have provided on this form is correct, and
- I understand that this authority will expire after 24 months (or nominated time frame).

Signature

X

Date

□ □ / □ □ / □ □ □ □

I authorise all staff of the company named in step 2.