

Third Party Authority Form



This form is to be completed when you want to authorise a representative to inquire on your behalf in relation to your account in the Fund. The authorised representative can be your solicitor or a financial representative such as a financial adviser, accountant or tax adviser. The authorised representative will not be able to change your personal details or carry out any transactions on your behalf. If you have more than one account in the Fund, this form applies to all of your accounts.

You may vary or withdraw your consent at any time by notifying the Fund in writing.

Section 1: Personal details

Member number:

Title: Mr Mrs Miss Other:

*Family name: *Given names:

Other/previous names: *Date of birth:

Contact phone number: Gender: Male Female

Section 2: Authorised party details

Representative name:

Limit access solely to the person named above.
(Leave this check box blank if you want to allow other company staff to assist your representative.)

Relationship: Financial adviser Accountant / tax agent Solicitor Other:

Expiry date: (optional)
This authority will remain valid unless it is withdrawn or you nominate an expiry date.

Company name:

Company AFSL/ABN:

Phone number: Email:

Postal address:

Suburb: State: Postcode:

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Section 3: Member declaration

I make the following declarations and acknowledgements:

General

- I understand that I am bound by the provisions of the Trust Deed for the Fund dated 12 May 2000 as amended from time to time.
- I have been provided a copy and have read and understood the relevant Product Disclosure Statement (PDS) and have obtained, read and understood the current Additional Information Booklet (AIB).
- I acknowledge that I have read and understood the information about contributions contained in the AIB and that I have satisfied myself that any contributions made by myself are consistent with the contribution rules prescribed by superannuation legislation.
- I consent to the Trustee giving access to my account details to my representative as nominated in Section 2 and understand that this authority does not allow the representative to change my personal details or carry out any transactions on my behalf.
- I acknowledge that this authority will remain valid until I withdraw this authority, or the expiry date is reached (if I have nominated an expiry date. (You can withdraw your nomination at any time in writing.)
- I understand that the representative nominated in Section 2 is not an employee, partner, joint venturer or agent of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) in respect of any information released to the representative.
- The information I have provided in this form is true and correct.

Personal information

- I acknowledge that I have read and understood the Privacy Policy described in the AIB.

Member signature:

Date:

Please return this completed form to Acclaim Wealth PO Box 3528, Tingalpa DC Qld 4173 or email to info@acclaimwealth.com.au.

Phone: 1300 264 264 Fax: (07) 3899 7299 Website: www.acclaimwealth.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of Acclaim Wealth's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.acclaimwealth.com.au.

The Trustee's privacy policy can be found at www.eqf.com.au/global/privacystatement.