

Third party authority

Apply for a third party authority

To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at gesb.wa.gov.au.

Use this form if you wish to give a third party the right to access information about the super account or accounts we hold for you.

How long is an authority valid?

Your authorisation will be valid for two years, unless you tell us either verbally or in writing to withdraw it earlier. You can also choose an earlier expiry date, or complete a new 'Third party authority' form to update your authorisation details at any time.

What do I have to do?

Simply complete this form and return it to us by email, fax or post. Please note, we cannot accept your form if any of the required fields have not been completed.

Section 1 Your details

GESB member number

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Last name

Given name(s)

Date of birth / / Male ☐ Female ☐

Postal address

Postcode

Mobile phone number Work phone number

 ()

Email address

Section 2 Type of representative

Please specify your relationship with your representative.
Choose either option A or B below:

A. Professional representative

A third party who represents you in a professional capacity.
Choose the type of professional representative below, then go to **section 3**.

- ☐ Financial adviser
☐ Accountant/tax adviser
☐ Solicitor
☐ Other (please specify)

B. Personal representative

A third party who is not a representative of a professional organisation, for example a family member or friend.

Choose the type of personal representative below, then go to **section 4**.

- ☐ Spouse
☐ Child
☐ Other (please specify)

Section 3 Professional representative's details

If you selected 'A' in section 2, please complete the form below.
If you selected 'B', please skip this section, and move to section 4.

Surname (family name)

Given name(s)

Organisation

Postal address

Postcode

Telephone – primary

 ()

Telephone – mobile

 ()

Email address



Section 3 Professional representative's details (cont)

Australian Financial Services Licence Number (financial representative)

Australian Business Number (ABN) (if applicable)

I authorise access to my account details to (please ✓ appropriate box):

☐ Any representative of the organisation

OR

☐ Only the named individual

Please make sure you state the name of the representative that you mainly deal with above. 'All staff' or other variations will not be accepted.

Section 4 Personal representative's details

If you selected 'B' in section 2, please fill in the details below.

If you selected 'A', please skip this section, and move to section 5.

Surname (family name)

Given name(s)

Date of birth

Postal address

Postcode

Telephone – primary

Telephone – mobile

Email address

Section 5 Representative's access period

Please indicate the time period you would like your representative to have access to your account.

The range must be within two years from the date this form is signed.

to

Note: if you do not enter a date range, this authority will remain valid for two years from the date on the authority, unless withdrawn earlier.

Note: we have a privacy statement that explains how we handle private information about individuals responsibly. Our privacy statement is available on our website at gesb.wa.gov.au/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.

Section 6 Consent

By signing this declaration, you request and authorise GESB to give the third party (named on page 1) access to your account details, and understand that:

- Once access is granted, the third party you have nominated on this form will be able to obtain relevant information on your behalf
- Your third party will not be able to make any changes to your account, or carry out any transactions on your behalf
- You may withdraw a third party's access at any time by calling us or sending us a written notice. The withdrawal or change will take effect as soon as practicable after the day we receive your phone call or written notice

I have read the privacy statement (referred to below) and I understand how GESB will use my personal information.

Your signature

Date

Once you have completed this form, please return it to us either by:

Post

GESB

PO BOX J 755

Perth WA 6842

Email

memberservices@gesb.com.au

Fax

Australia: 1800 300 067

Overseas: +61 8 9262 6702

Remember to give your representative a copy of this form

Your representative will be asked some proof of identity questions when they contact us.

Once you have completed this form, please provide a copy to your third party, so they have all the relevant information about you and your account.



How to contact us

T Member Services Centre 13 43 72

F 1800 300 067

W gesb.wa.gov.au

PO Box J 755, Perth WA 6842