

Request for Adviser access to legalsuper Guaranteed Income quotation platform

Email this completed form to:
mail@legalsuper.com.au

Planner and/or representative

First name	Surname	
<input type="text"/>	<input type="text"/>	
Email address	Phone	
<input type="text"/>	<input type="text"/>	
is an Authorised Representative of:		
Company Name		
<input type="text"/>		
ABN	ASIC Registration Number	AFSL
<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Address		
<input type="text"/>		
Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Request to grant the person above with access to the legalsuper Guaranteed Income Account Adviser portal for the purpose of providing the (below member) with quotations.

Member

Member's first name	Surname	
<input type="text"/>	<input type="text"/>	
Date of birth (dd/mm/yyyy)	Member number	
<input type="text"/>	<input type="text"/>	
of Address		
<input type="text"/>		
Town or Suburb	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Planner or Authorised representative

Signature	Date
<input type="text"/>	<input type="text"/>

IMPORTANT: This authority is valid for use until otherwise advised or expires.

Terms and Conditions

1. Agree to abide by the terms and conditions of the legalsuper Guaranteed Income portal
2. Declare that the information in this form is correct
3. Acknowledge that legalsuper Guaranteed Income accounts are only available to legalsuper members