

Authority to access information

Important Note: Please provide us with as much information as possible. Please tick box where appropriate.

Use **BLOCK** letters and **BLACK INK** when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.

Return this completed form with certified identification by email to:

mail@legalsuper.com.au

1. legalsuper member personal details

legalsuper Membership Number

Mr
 Mrs
 Ms
 Miss
 Dr
 Justice

Surname*

Given Name(s)*

Date of birth (dd/mm/yyyy)*

Gender

Male
 Female

Residential Address*

Town or Suburb*

State*

Postcode*

Postal Address* (if different from Residential Address above)

Town or Suburb*

State*

Postcode*

Email

Telephone Number

Mobile Number

2. Details of who you are authorising to access your information

Please provide the details of who you are authorising to access your information. Alternative contacts can be listed in Section 3 if required.

Adviser Name*

ASIC Financial Adviser Register Number

Licensee*

Trading name

Company ABN*

AFSL Number*

Street Address/PO Box*

Town or Suburb*

State*

Postcode*

Daytime Telephone Number*

Email*

Information/documentation authorised to release:

My legalsuper account number(s) as follows:

