



Office use only

Letter of authority.

October 2021

This form must be completed in full. Please use BLOCK letters. Complete all fields marked with an asterisk (*).

1 Your personal details.

To Hostplus,

I, *

authorise for the below listed authorised person/s to obtain information regarding my superannuation/pension account/s.

Hostplus membership number(s)*:

Current/Previous employer:

Current address*

Suburb

State

P/C

Previous address*

Suburb

State

P/C

Date of birth*

Home phone*

Mobile phone*

Your Privacy

Hostplus is seeking to collect personal information from you today so that it may: (1) set up a superannuation account for you; (2) administer this superannuation account on an ongoing basis; or (3) set up an online profile to display your superannuation information. The personal information we are seeking to collect from you is your name, address, date of birth, contact details and your authorised representative(s).

We need to collect the requested personal information from you for to complete your request today. If you do not provide this information, we will be unable to update your details.

The Hostplus privacy policy is available on the Hostplus website at hostplus.com.au/privacy and includes information about overseas disclosure of personal information, how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy.

Hostplus usually discloses your personal information to our administrator Australian Administration Services Pty Limited (AAS) ABN 62 003 429 114, mail houses, our insurer(s) Metlife Ltd and the ATO. AAS (a company within the LINK Group of companies) may also disclose your personal information to overseas recipients. Please see the LINK Group's Privacy Policy at linkgroup.com/docs/Link_Group_Privacy_Policy.pdf for metlife.com.au/privacy/index.html

2 Authorised person/s.

Full Name*:

Job title / relationship*:

Company name*:

Company address / address*:

Suburb

State

P/C

ABN*

Australian Financial Services Number (AFSL)*:

ASIC Registration Number:

Phone number*

Fax number

Email address

I also authorise the following listed associates/representatives/staff members of

to also obtain these details on my behalf:

Name* (Company name)	Position*
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

* Indicates mandatory fields (Individual associates/representatives/staff members must be listed).

The purpose of this authority is to enable the above listed authorities, to obtain relevant information for use when needed in connection with my financial planning arrangements. At no stage does this authority allow any of these representatives to conduct any changes, transactions or directly request communication that could lead to a financial transaction on my behalf.

I understand that this authority to remain in place for a period of 3 years, effective from the date of signing this authority or unless Hostplus is otherwise advised.

I understand that the above authorised representatives are required to complete a security check when obtaining any information on my behalf from Hostplus.

I understand it's my responsibility to inform my authorised representative/ beneficiaries that I have provided Hostplus with their personal information. I can refer them to the Hostplus privacy policy at hostplus.com.au/privacy

Yours faithfully,

Signature of applicant*

Date*

Important note to third party authorities.

The original signed authority must be sent to Hostplus.

Please send original signed authority to Hostplus, Locked Bag 5046, Parramatta NSW 2124

If a certified photocopy of the original is sent to Hostplus, the following rules apply:

- The issuer of the document cannot be the same person as the certifier of the photocopy even if they are authorised to certify documents.
- A member, beneficiary, or a witness can not be the certifier of the document. The person certifying the document can not be the benefactor of application even if they are authorised to certify documents.
- Hostplus reserves the right not to provide information to persons not specifically listed on this signed authority. If any additional persons require access to information, a new authority form is required to be completed and signed by the Hostplus member.
- Hostplus will not issue any communication that could lead to a financial transaction directly to a Third Party Authority that is not freely available on the Hostplus website.