

Third party authority

1. Details of account/policy owner(s) granting authority

Important information

Please note: The following authority only allows for the provision of such things as account information, balances, component/investment break-ups etc. (either over the phone or in writing). It does not extend to the ability for the third party to make changes on the account such as a change of address or change of beneficiary, to transact on the account, or to be provided with nominated account details (if applicable). If you wish for the third party to have greater powers, you should formally set up a 'Power of Attorney' in conjunction with this authority (for over the phone enquiries).

a. Account/Police	cy owner		b. Joint accou	unt/Policy owner	
Γitle	Date	of birth	Title	Date of birt	n
	DD	M M Y Y Y Y		D D M N	ЛҮҮҮ
Given name(s)			Given name(s)		
Surname			Surname		
Postal address held by Resolution Life			Postal address held by Resolution Life		
Suburb	State	Postcode	Suburb	State F	Postcode
Country			Country		
Email address			Email address		
2. Policies/Acco	ounts on which inf	ormation can be	provided		
Product			Account or client r	numbers ¹	

¹ Depending on the type of product the member has, this may be referred to as a policy, member, account, contract or client number.

3. Details of the authorised third party	5. Limitations/Restrictions/Expiry date
Name	(If applicable)
Business/Company address	Any limitations, restrictions or expiry date (you may wish to impose on this authority) should be detailed below. The absence of any details will imply that this authority is to remain in place until further notice. Limitations/Restrictions
Cuburb State Desteed	
Suburb State Postcode	
Country	
Mobile/Contact number ABN or AFSL number	Expiry date D D M M Y Y Y Y
☐ This authority is to also extend to other office staff a	cting a. Signature of account/policy¹ owner
on my behalf.	×
4. Resolution Life's Privacy Policy	~
Our privacy policy contains information on how we colle use and disclose your personal information, as well as other important information on how we deal with privacy	D D M M Y Y Y Y
Visit resolutionlife.com.au/privacy for a copy.	b. Signature of joint account/policy¹ owner
	×
	Date D D M M Y Y Y Y
	Signature of authorised third party
	×
	Date DDMMYYYYY
	Where to send this form
	Email this completed form to:

1 Depending on the type of product the member has, this may be referred to as a policy, member, account, contract or client number.

What you need to know

Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (Trustee) as trustee of the Super Retirement Fund ABN 40 328 908 469 (Fund) is the issuer of your product. Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) and AIA Australia Limited ABN 79 004 837 861, AFSL No. 230043 (AIAA) are the issuers of life insurance policies to the Trustee for these products.

au.service@resolutionlife.com.au

The Trustee, as owner of the life insurance policies, will receive the applicable benefit from Resolution Life and AIAA, and in turn provides the benefit to eligible Fund members.

The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you.

Resolution Life can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.