

Use this form to authorise us to provide details about your Incolink account(s) to the third party(ies) shown in Sections 2 and/or 3.

## 1. YOUR PERSONAL DETAILS

Incolink Member No

Account number (for this third party authority)\*

\* Mark the box below with (✓) if you have **more than one account** and would like this third party authority to apply to ALL your accounts

Please apply this third party authority to all my accounts

Title \_\_\_\_\_

Last Name \_\_\_\_\_

Given name(s) \_\_\_\_\_

Address \_\_\_\_\_

The address you supply **must** match the current address we hold for you. If your address has changed, contact Incolink to update your address **before** returning this form.

Suburb \_\_\_\_\_

State  Postcode

Contact Phone

Mobile Phone

Date of birth  /  /

Email Address \_\_\_\_\_

Email (for security reasons, please ensure your nominated email address is your **personal email address** and not a work or shared email address)

Drivers' Licence Number  State of Issue

Drivers' Licence Card Number

Passport Number  Country of Issue

## 2. NOMINATE YOUR FINANCIAL PLANNER, SOLICITOR, ACCOUNTANT OR OTHER PROFESSIONAL

I authorise the following representatives of the nominated company to request and receive information about my Incolink account(s) nominated in Section 1.

Company \_\_\_\_\_

Legal firm Yes No

Registered address \_\_\_\_\_

Suburb \_\_\_\_\_

State  Postcode

You must name **each representative** you wish to authorise. Only these people will be able to request or receive information about your account.

Name of representative 1 \_\_\_\_\_

Name of representative 2 \_\_\_\_\_

Name of representative 3 \_\_\_\_\_

Name of representative 4 \_\_\_\_\_

Name of representative 5 \_\_\_\_\_

Name of representative 6 \_\_\_\_\_

If you wish to nominate more than six representatives, please provide the necessary details on another form or in a separate letter attached to this form.

Email address \_\_\_\_\_

Mobile Phone

Please turn over

### 3. NOMINATE ANOTHER PERSON, SUCH AS A FAMILY MEMBER OR FRIEND

I authorise the following person to request and receive information about my Incolink account(s).

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date of birth   /   /

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_

State    Postcode

Email Address \_\_\_\_\_

Mobile Phone

Home Phone            
(optional)

### 4. PRIVACY POLICY

Please read our privacy policy for details about how we collect, use and disclose personal information.

Web address: [www.incolink.org.au/privacy-policy](http://www.incolink.org.au/privacy-policy)

### 5. MEMBER DECLARATION

- I confirm that the third parties nominated on this form replace any existing third party nominations and are to remain in place until I provide further information and instructions in writing.
- I have read, understand and agree to the Incolink Privacy Policy. I consent to Incolink collecting my Personal and Sensitive Information for the purpose described in the policy.

Signature *(digital signature is acceptable)*

Date signed (DD-MM-YY)

/   /

### 6. REQUIREMENTS CHECKLIST

*(ensure ALL items are completed)*

**Before sending this form back to Incolink, ensure you have:**

Included your Incolink number, full name, date of birth, address and contact details (Section 1)

Included the full name, date of birth, address and contact details of authorised party(ies) (Sections 2 and/or 3)

Signed and dated this form (Section 5)

Attached a scan/photocopy of valid photo identification (drivers' licence or passport)

Attach clear copy of your photo ID for verification purposes

### 7. WHERE TO SEND YOUR COMPLETED AND SIGNED FORM

**Email:** [support@incolink.org.au](mailto:support@incolink.org.au)

**Post:** Incolink, 1 Pelham St, Carlton VIC 3053

Email or post completed form to Incolink