

Third party authority form

Please use a blue or black ballpoint pen and CAPITAL letters to complete this form.

Use (X) to mark boxes.

If you need assistance completing this form please call Incolink on 03 9639 3000.

You can send it to us by post or email. See page 2 for details.

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 number

Account number (for this third party authority)*

* Mark the box below with a cross (X) 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

Suburb

State

Postcode

Daytime contact number

Mobile number

Date of birth (DD-MM-YYYY)

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

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

Name of representative 1

Name of representative 2

Name of representative 3

! 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.

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

2. Nominate your financial planner, solicitor, accountant or other professional (cont)



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.

Name of representative 4

Name of representative 5

Email address

Mobile number

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 (DD-MM-YYYY)

Address

Suburb

State

Postcode

Email address

Mobile number (preferred)

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

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-YYYY)



Please sign and date form

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, fax or post completed form to Incolink

Email: redund@incolink.org.au **Fax:** 03 9639 1366

Post: Incolink, 1 Pelham St, Carlton Vic 3053