

Please print clearly in BLOCK LETTERS and use (x) in mark boxes where applicable.

 If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at russellinvestments.com.au/privacy or call us on 1800 555 667.

- Mr Mrs Miss Ms Dr Other →

- [illegible]

- [illegible]

- | | | | | | | | |
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- Male Female

- [illegible]

- [illegible]

- | | | | | | | | |
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- [illegible]

- [illegible]

- [illegible]

Russell Investments / Third Party Authority Form

2. CLAIM TYPE (IF APPLICABLE)

Please select (x) the claim type(s) below.

- ☐ Death*
- ☐ Total and Permanent Disablement
- ☐ Income Protection
- ☐ Terminal Illness
- ☐ Permanent Incapacity

* If you wish to nominate a third party to represent you in relation to a Death claim, please provide your details in Section 3.

3. CLAIMANT DETAILS (FOR DEATH CLAIMS ONLY)

a. Title (please select)

Mr Mrs Miss Ms Dr Other →

b. Surname

[illegible]

c. First name(s)

[illegible]

d. Date of birth (DD MM YYYY)

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e. Address

[illegible]

f. Home / Work telephone

[illegible]

g. Mobile number

[illegible]

h. Email address

[illegible]

4. NOMINATED REPRESENTATIVE DETAILS

a. Company name (if applicable)

b. ABN (if applicable)

[illegible]

c. Do you wish to authorise all staff from this company to represent you?

☐ Yes ☐ No

d. Full name of nominated person

e. Date of birth (DD MM YYYY)

f. Address

[illegible]

g. Home/Work telephone

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h. Mobile number

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- i. Email address

[illegible]

j. Relationship to you

k. Expiration date of authority (DD MM YYYY)

☐☐ ☐☐ ☐☐☐☐ or Authority is valid until revoked by you ☐

By signing this declaration, I understand and consent to the nominated person(s) to have access to information and documents in relation to the nominated account and claim (if applicable).

- Will be able to enquire, obtain relevant information and receive correspondence directly on my behalf;
- Is not authorised to make changes or transact on the nominated account in any way;
- May be removed as a third party authority at any time if I revoke their authority by calling 1800 555 667 or sending confirmation of the withdrawal.

I have read and understood the Trustee's Privacy Policy and understand how my personal information will be used. To the best of my knowledge, all the information provided in this form is correct.

[illegible][illegible]

If you have any questions, please call on **1800 555 667** (Monday to Friday 8.30am to 5.30pm AEST), email iq@russellinvestments.com.au visit russellinvestments.com/au/super

R_P_iQ_F_Thir d_Party_Authority_V1F_2506