THIRD PARTY AUTHORITY FORM

1. MEMBER DETAILS



Use this form to nominate a third party, such as a relative or financial adviser, to receive relevant information or documents in relation to your account or a deceased member's account. This could include information related to any claims with which you require assistance.

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

(i	If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy russellinvestments.com.au/privacy or call us on 1800 555 667.														
a.	itle (please select) Ar														
b.	Surname														
C.	First name(s)														
d.	Date of birth (DD MM YYYY)	e. Sex (please select)	f. Member number												
		Male Female													
q.	Address														
,															
			State Postcode												
h.	Work telephone	i. Home telephone	j. Mobile number												
k.	Email address*														

^{*} If you're currently a member with us and you provide us with your email address, you will be opted-in for e-communications.

This means our communications to you will be uploaded to your online account and you will receive an email notification when the communication is available online. Of course, you can change your preferred method of communications at any time through your online account or by calling us.

2. (CLAIM TYPE (IF APPLICABLE)														
Plea	ase select (x) the claim type(s) below.														
	Death* Terminal Illness														
	Total and Permanent Disablement Permanent Incapacity														
	Income Protection														
*	* 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.	3. CLAIMANT DETAILS (FOR DEATH CLAIMS ONLY)														
a.	a. Title (please select)														
	Mr Mrs Miss Ms Dr Other →														
b. :	Surname														
C.	First name(s)														
d.	Date of birth (DD MM YYYY)														
e. ,	Address														
ĺ	State Postcode Postcode														
r															
1.	Home / Work telephone g. Mobile number														
h.	Email address														
- 1															

a. Company name (if applicable) b. ABN (if applicable) 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) Home/Work telephone h. Mobile number	4. NOMINATED REPRESENTATIVE DETAILS															
c. Do you wish to authorise all staff from this company to represent you? Yes No No No Full name of nominated person E. Date of birth (DD MM YYYY) State Postcode 9. Home/Work telephone h. Mobile number i. Email address j. Relationship to you k. Expiration date of authority (DD MM YYYY)	a.	Company name (if applicable)														
c. Do you wish to authorise all staff from this company to represent you? Yes No No No Full name of nominated person E. Date of birth (DD MM YYYY) State Postcode 9. Home/Work telephone h. Mobile number i. Email address j. Relationship to you k. Expiration date of authority (DD MM YYYY)																
d. Full name of nominated person e. Date of birth (DD MM YYYY) f. Address g. Home/Work telephone h. Mobile number i. Email address j. Relationship to you k. Expiration date of authority (DD MM YYYY)	b.															
e. Date of birth (DD MM YYYY) f. Address g. Home/Work telephone h. Mobile number i. Email address j. Relationship to you k. Expiration date of authority (DD MM YYYY)	c.	Yes No														
f. Address g. Home/Work telephone h. Mobile number i. Email address j. Relationship to you k. Expiration date of authority (DD MM YYYY)	d.	Full name of nominated person														
g. Home/Work telephone i. Email address j. Relationship to you k. Expiration date of authority (DD MM YYYY)	e.	Date of birth (DD MM YYYY)														
i. Email address j. Relationship to you k. Expiration date of authority (DD MM YYYY)	f.															
j. Relationship to you k. Expiration date of authority (DD MM YYYY)	g.	Home/Work telephone h. Mobile number														
k. Expiration date of authority (DD MM YYYY)	i.	Email address														
	j.	Relationship to you														
	k.															

5. DECLARATION AND SIGNATURE

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).

The nominated person(s) on this form:

- · 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 understand that in some circumstances the Trustee may still be required to contact me directly.

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.

Signature								Date (DD MM YYYY)																		
Ful	l na	me																								

We're here to help

Please send your completed form to: iQ Series by Russell Investments, Locked Bag A4094, Sydney South NSW 1235. 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

In preparing this form, the Trustee has not taken into account the investment objectives, financial situation or needs of any person. Accordingly, before making a decision to invest in a product, you should read the current Product Disclosure Statement (PDS) and seek advice tailored to your own financial circumstances. Call us on 1800 555 667 or visit russellinvestments.com.au for a copy of the PDS. Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790, Trustee of the Russell Investments Master Trust ABN 89 384 753 567.

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