

## Palm Super

### Authority to release information

\*Please provide ID Card or Thumb Print.

#### Details of the third-party organization:

The privacy and security of your personal information is important to us and is protected by law. Therefore we can only share information with other parties that you have authorized or where the law allows or requires it.

#### Declaration by the member:

I hereby authorize the above mentioned third party to access the following information: (please tick)

	Account balance
	Housing eligibility
	Withdrawal
	Death payment
	Other (specify):

#### By signing this Third-Party Authority Form:

I am making the following statements, I.....

- Authorize..... to provide the nominated third party with details of my Superannuation membership(s)
- Understand that this authority does not allow the nominated third party to change my details or carry out any transaction on my behalf.

- Acknowledge that..... is not responsible for any loss or and liabilities which may result from providing information to my nominated third party
- Agree to my information being used in accordance with..... Privacy Policy
- Acknowledge that I can revoke this Authority at any time by writing to.....

This authority remains valid only according to the information requested at the date of the release any additional or new information required a new authority must be completed.