third-party authorisation form

Complete this form if you would like to give permission for a third party, such as a financial planner, to access your HESTA for Mercy account information. A third-party may only receive information and cannot make transactions. Authorisation will begin when your completed form is received by HESTA for Mercy and expire 18 months from the date you signed the form, unless you revoke or change your authority earlier.



Complete all parts of this by typing information or if writing use CAPITAL LETTERS. Check you have signed and dated the form.

1 Your Member details	Given name/s:
Given name/s:	
	Family name:
Family name:	
	Business name: (if authorised person is a financial adviser/accountant):
HESTA for Mercy member number:	שמו ובאז המוזיני (המנהסוגפע person is a ההמהכומו ממיגפו/מכנסטוונטוונ).
HESTATOL MERCY MEMber Humber	
HESTA for Mercy Income Stream member number:	Business address:
	PO Box/Unit number/Street number
Date of birth:	
	Street name
Postal address:	
PO Box/Unit number/Street number	Suburb
Street name	State/Terr. Postcode
Suburb State/Terr.	
	Authorised person's phone number:
Postcode Email address:	
	Authorised person's email address:
2. Details of third name	
2 Details of third parties	Authorised person's signature:
List the names of people and businesses you are providing authority to.	
duitority to.	
Given name/s:	Given name/s:
Given name/s:	Given name/s:
Given name/s: Family name:	Given name/s: Family name:
	Family name:
Family name:	
Family name:	Family name:
Family name: Business name: (if authorised person is a financial adviser/accountant):	Family name:
Family name: Business name: (if authorised person is a financial adviser/accountant): Business address:	Family name: Business name: (if authorised person is a financial adviser/accountant): Business address:
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Family name: Business name: (if authorised person is a financial adviser/accountant): Business address: PO Box/Unit number/Street number Street name Suburb State/Terr. Postcode	Family name: Business name: (if authorised person is a financial adviser/accountant): Business address: PO Box/Unit number/Street number Street name Suburb State/Terr. Postcode
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Family name: Business name: (if authorised person is a financial adviser/accountant): Business address: PO Box/Unit number/Street number Street name Suburb State/Terr. Postcode Authorised person's phone number:	Family name: Business name: (if authorised person is a financial adviser/accountant): Business address: PO Box/Unit number/Street number Street name Suburb State/Terr. Postcode Authorised person's phone number:
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Family name: Business name: (if authorised person is a financial adviser/accountant): Business address: PO Box/Unit number/Street number Street name Street name Suburb State/Terr. Postcode Authorised person's phone number:	

Given name/s:	3 Declaration
Given name/s.	I authorise the named people in this form to access all
Family name:	information in relation to my HESTA for Mercy accounts.
	 I understand this authority will apply for 18 months from the date of my signature unless cancelled earlier by me before then.
Business name: (if authorised person is a financial adviser/accountant):	 I am aware that as a member I have access to financial
	advice on my HESTA for Mercy account through HESTA at Mercy at no extra cost.
Business address:	I have read and understood HESTA's Privacy Collection Statement which is available at hestaformercy.com.au/
PO Box/Unit number/Street number	privacy or by calling 1300 368 891 and accept that the information on this form is true and correct to the best of my
Street name	knowledge and belief. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator
Suburb	and other service providers.
	Marshar signature
State/Terr. Postcode	Member signature:
Authorised person's phone number:	Date signed:
Authorised person's email address:	
	Return your completed form
Authorised person's signature:	Scan and email all requirements to
	information@hestaformercy.com.au
	or mail to: PO Box 8334, Woolloongabba QLD 4102
Given name/s:	
Family name:	
Business name: (if authorised person is a financial adviser/accountant):	
Business address:	
PO Box/Unit number/Street number	
Street name	
Suburb	
State/Terr. Postcode	
Authorised person's phone number:	
Authorised person's email address:	
Authorised person's signature:	

contact us

1300 368 891 | Email form to information@hestaformercy.com.au or mail to: PO Box 8334, Woolloongabba QLD 4102

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