



third-party authorisation form



for mercy
super

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:

Family name:

HESTA for Mercy member number:

HESTA for Mercy Income Stream member number:

Date of birth:

Postal address:
 PO Box/Unit number/Street number

Street name

Suburb State/Terr.

Postcode Email address:

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:

2 Details of third parties

List the names of people and businesses you are providing authority to.

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:

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:

3 Declaration

- I authorise the named people in this form to access all 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.
- 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.
- I have read and understood HESTA's Privacy Collection Statement which is available at hestaformercy.com.au/privacy or by calling 1300 368 891 and accept that the information on this form is true and correct to the best of my 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 and other service providers.

Member signature:

Date signed:

Return your completed form

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:

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](mailto:information@hestaformercy.com.au) or mail to: **PO Box 8334, Woolloongabba QLD 4102**