

Form 14  
**Authorised Representative Appointment**

**Form 14**

Page 1 of 2

You can use this form to appoint an Authorised Representative to access information or switch investment options on your super account. Your Authorised Representative is not permitted to perform any other actions in respect of your super account.

**1. Member details**

Member number/s

Date of birth  
[dd/mm/yy]

Full name

Email address

**2. Details of your Authorised Representative**

Full Name

Street address

[Your street address cannot be a post office box]

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Postal address

[If different to your street address]

Post Office Box number

Suburb

State

Postcode

Country

Email address

Mobile number

Work number

**The Trustee**

will only accept this form if it is correctly and fully completed.

Any questions, call  
Member Services 1300 131 227

Issued by the Trustee  
Tidswell Financial Services Ltd  
ABN 55 010 810 607  
AFSL 237628  
RSE Licence L0000888

**3. Level of Authority**

What level of authority will this person have on your account?

- My authorised representative is able to make enquiries only on my super account.
- My authorised representative is able to make enquiries and switch investment options on my super account until I give written notice to the Trustee to terminate the authority.

**Note:** We may seek further verification from you or your authorised representative before acting on instructions from them.

**4. Declaration**

**Signature of Member**

Date [dd/mm/yy]

**Signature of Authorised Representative**

Date [dd/mm/yy]