

Information Request Authority

Complete this form to give us authority to request information from your other superfund on your behalf. If you have completed the 'Rollover/Transfer Authority Form' you should complete this form to give us authority to request information on your behalf.

To whom it may concern

I

of

request that you provide all the relevant information on our superannuation account/policy (detailed below) to Superannuation Accounting Services Pty Ltd. The address for delivery is GPO Box 4534, Sydney NSW 2001, having contact telephone number of (02) 9221 0563 and facsimile number of (02) 9221 0564.

Further, I understand and consent to you acting on a photocopy or facsimile copy of this letter as the original will remain on file at Superannuation Accounting Services Pty Ltd.

Signature

Dated / /

Date of birth / /

List of current superannuation account / policy

Superannuation provider	Account/policy number