

Authority to release information to a third party

Who should use this form?

This form should be used by members who wish to allow a third party to access private information about their account in the following schemes.

- Northern Territory Government and Public Authorities' Superannuation Scheme (NTGPASS);
- Northern Territory Supplementary Superannuation Scheme (NTSSS);
- Northern Territory Police Supplementary Benefit Scheme (NTPSBS);
- Legislative Assembly Members Superannuation Scheme (LAMS);
- Administrators' Pension Scheme.

Examples of a third party include a spouse or relative, financial adviser, accountant or solicitor.

What information will be released?

Information that may be provided to the third party includes all relevant aspects of your membership such as your account balances, transaction history and relevant employment details. The third party will be required to request this information in writing.

Transactions such as withdrawals and rollovers will remain your responsibility. Transaction requests will not be acted on without your written permission, expressly requesting the transaction to be made.

What information will not be released?

Personal information such as tax file number and bank account details will NOT be released under any circumstances.

Privacy Statement

The Northern Territory Superannuation Office is a division of Northern Territory Treasury, a Northern Territory Government Agency. The privacy and confidentiality of your personal information is important to the Northern Territory Superannuation Office. We are collecting the information on this form for the purpose of administering your superannuation account. The information collected will only be used for the purpose for which it was supplied and your information will not be disclosed to any third party unless required by law or authorised by you.

To obtain further information about the NT Government privacy policy or the *Information Act*, please visit the Northern Territory Government website at www.nt.gov.au.

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Personal Details

Full Name			
Postal Address			
Residential Address			
Email			
Phone (b/h)		Mobile No.	
AGS (member no.)		Date of Birth	

Authorisation

I hereby authorise the Northern Territory Superannuation Office to release information regarding all of my superannuation accounts to the following third party:

Name	
Company	
Relationship to member	
Address	
Contact phone no.	
e-mail	

- I understand that this authority will remain in force for a period of 12 months unless revoked in writing by me at an earlier date.
- I understand that transactions remain my responsibility and that I must provide my written permission expressly requesting the transaction to be made.
- I release, discharge and indemnify the Northern Territory Superannuation Office from and against all liabilities, costs or losses that I may incur in connection with this authority.

MEMBER SIGNATURE _____ **DATE** _____